

# THE TIMES AND REGISTER.

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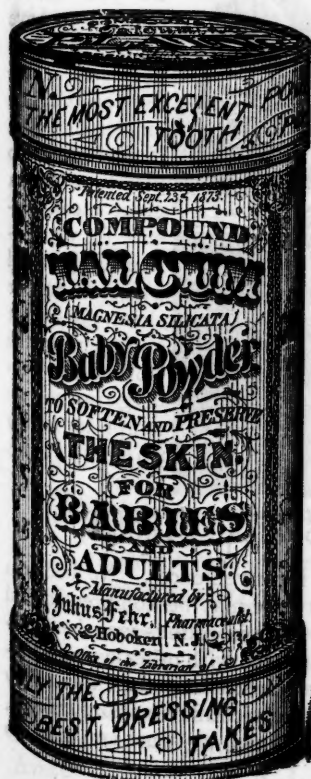
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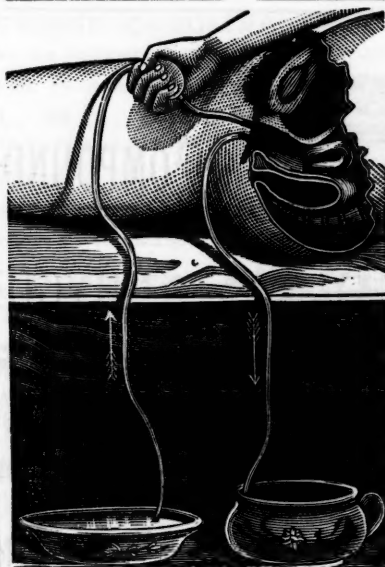
THE custom of tarring and feathering did not, as is generally supposed have its origin in America, but in one of the stately homes in England. A gentleman who had drunk, not wisely but too well, was attired by his friends in that manner when in an insensible condition; on waking in the morning and surveying himself in the glass, he imagined himself to have undergone a metamorphosis. "As I live," he said "a bird."—*Ex.*

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on page ix.

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## Original Articles.

### WIRING OF THE VERTEBRÆ AS A MEANS OF IMMOBILIZATION IN FRACTURE AND POTT'S DISEASE.<sup>1</sup>

By B. E. HADRA, M.D.,  
GALVESTON, TEXAS.

PRESENT surgical interference in fractures of the spine consists in the removal of loose bones and in resection of parts of the arch, in order to free the spinal canal. The latter is done when grave symptoms indicate pressure upon the cord, or morbid changes of it or of the dura mater. Thus, mostly older cases will be submitted to resection. It is my purpose to propose to you a means of adaptation and retention of the broken ends before such damage is done, or before vicious consolidation has taken place.

The present apparatus of immobilization by position, extension, splints, braces, dressings, etc., is evidently sufficient only in the lightest and most tractable cases, which, unfortunately, constitute only a very small percentage. Aside from the enormous inconvenience, all these helps are ineffective when the broken ends are thoroughly separated. I remember two cases of dorsal fracture where I had the patients encased in plaster of Paris from the axilla down to the thigh. I know they were not benefited, but were made most unhappy by the treatment. It is simply impossible to keep the loosened vertebræ from gliding upon each other as long as no fixation can be had all around. Obviously, though, the con-

tents of the thoracic and abdominal cavities cannot be immobilized. Still, absolute apposition is here more a necessity than in other fractures, because, aside from giving the broken bones a chance to properly consolidate, it must be the main aim to protect the cord and the spinal nerves against pressure, twisting, and also against changes due to irritation and to extension of morbid processes from the surrounding tissues. What do we do in other fractures if the usual means do not suffice to keep the parts well adapted? We do the most natural thing in the world; we fix them to each other by direct means—clamps, nails, wires, sutures, and so on.

Now, there is no good reason why vertebral fractures should not enjoy similar advantages. There is no danger in cutting down on the vertebral column, as all operators testify, as long, of course, as the cord and the nerves remain undisturbed; and even they stand a good deal more interference than is generally conceded. It is, then, a question of feasibility and efficacy. Theoretically there should be no doubt about it. Still, practical evidence alone will satisfy nowadays. The literature—at least that at my command—offers only one case where direct fixation of broken vertebræ was planned and executed, and I think this case deserves the fullest attention. It is that of Dr. W. T. Wilkins, a short history of which is given by Prof. Keen in the "Reference Hand-book of Medical Science." It reads thus:

"I find reported a case of a child born with a hunch on its back, the mother having been severely injured the day before its birth. On operation, on the day after birth, the last dorsal and the first lumbar vertebra were found separated a half-inch, and a hernia protruded through the fissure. The spinal cord was pushed to one side. The hernia was re-

<sup>1</sup> Read before the meeting of the Texas State Medical Association.

duced, the two vertebræ held together by a figure of 8 carbolized silk ligature, passing through the intervertebral notches of the two vertebræ, above and below, and the child was practically well in a few days."

It was my lot to test the problem in a case which was operated on last December, and I regret that I, at that time, did not know anything of Dr. Wilkins' case. I fastened together the spinous processes of the sixth and seventh cervical vertebræ by silver-wire loops, in a case of fracture which had been acquired nearly a year before. The patient is still at the John Scaly Hospital, and I must confess is not perfectly well yet, though the efficacy of the operation has been fully demonstrated. To give a short history of the case, it may be stated that a man of thirty years of age, working as waiter in a restaurant, fell to the floor, striking with great force on his buttocks. Immediately after, he felt intense pain in his neck, and was unable to move it. On examination, the sixth cervical vertebra was found pushed forward and turned around its vertical axis to the right, whilst the spinous process of the seventh vertebra appeared unusually prominent. Patient could not open his mouth more than an inch, from what cause I could never understand. Exsection was made by the head, and as the parts seemingly returned to their normal position, the neck was put in a firm cravatte. Patient, from reasons of no medical interest, left the St. Mary's Hospital a few days after his admission, and returned to his former occupation, wearing constantly his apparatus, getting along well enough with an occasional hypodermic injection of morphine. But once, when he imprudently bent his neck in a rapid and forcible way, the cravatte having been left away, he fainted, and when recovered could not stand upright. His head and neck were turned to the right, and kept perfectly stiff; right hand became numb, right arm weak; girdle pains around his upper abdomen; bladder not fully under control; slight priapism. In such condition he came to the John Scaly Hospital on November 1st, 1890, ten months after the first accident. His face flushed up on the slightest provocation; his mouth could not be opened over an inch; the left upper portion of the trapezius muscle was hard and protruding, forming a tumor; his right hand colder than the left; extreme hyperæsthesia on the right side; head was rolled around to the right, and the vertebræ in same position as on the first observation; muscles, though, reacted alike on both sides of the body to either current. Patient was put under chloroform, not being able to stand any manipulation without an anæsthetic. Head and upper portion of neck very movable, and crepitation distinctly heard. Reduction was easy, and the stiff cravatte was applied again. In spite of frequent adjustment and modification of the retaining apparatus, patient grew steadily worse. Pains in back, arms and around abdomen became unbearable, and walking impossible. He was in such a pitiful condition, that he insisted upon any operation which would give the faintest hope of relief. I finally consented to cut down on the place of injury, which I did on the 22 of December. My plan was to remove loose bones, if present; to sever the posterior ligaments, if they should be thickened and contracted; and finally, to wire the spinous processes, in order to steady the vertebral column.

From the improvement setting in every time the bones were well adjusted, I inferred that there was no serious change within the vertebral canal, nor in the cord itself. I therefore did not consider the opening of the canal called for. Not finding loose bones,

I severed the ligamentum nuchæ and the interspinous ligaments transversely in several places, so as to expose the spinous processes fully, and also in order to remove the interference of the perhaps thickened and contracted ligaments which could have acted as an impediment to the replacement and retention of the dislocated parts, exactly as in other fractures or dislocations. I am satisfied that this part of the operation was not only unnecessary, but that it caused all the following inflammatory symptoms, as a good deal of lacerating was unavoidable. The main aim of the operation, the wiring of the sixth and seventh spinous process was done with silver wire, carrying it four to five times around in a figure of 8. The wound which extended from the occiput down to the first dorsal vertebræ was then closed, a small drainage tube inserted right over the place of wiring and the stiff cravatte reapplied. Patient did not improve for several days, but then gradually got better. After some weeks I thought that the wire had become loose, because he began to exhibit some of his former symptoms. He was put under chloroform again, the wire removed, and a new one fixed on. On this occasion it was easily seen that the lower end of the fractured spine slipped away from the upper for about one and a half inches to the right. From now on improvement went on more rapidly. Patient was able three weeks ago, that is twelve weeks after the operation, to move his head in a normal way in every direction, without pain. He could open his mouth fully, walk as well as anybody else; no headache; no trouble with bladder or bowels. The right arm remained somewhat weaker, but was otherwise normal in all its functions and of normal sensation. The favorable condition though made me, I fear, too careless. I allowed him to be without the bandage occasionally, and removed the wire, as it kept a fistulous ulcer from closing. He became worse again, and has now considerable pain in his right arm and shoulder. The spinous process of the sixth cervical vertebra is very tender on pressure, and requires further attention, as the probable cause of the new trouble. Otherwise patient is well, and can make use of his neck without any difficulty.

This is my case, which shows that the operation is feasible and effective. But I would be a poor surgeon if I had felt satisfied with my method and the course of my case. Further experiments on the cadaver, and further reflection has led me to believe that the proposed wiring is one of the most promising, and at the same time simplest surgical procedures, provided that it be so modified as I will describe it hereafter. Of course, it is intended only for the readjustment and retention of the broken bones, therefore, in some cases, it may fill all the indications; in others, it will simply be an addition to other operations.

But before proceeding I show you here a vertebral column, on which two adjoining spinous processes have been wired together in the three portions of the spine. Of course, more than two may be joined if necessary. You see how firmly the vertebræ hold together, and how resistant they become. In fact, common forces, as experienced in human life, are hardly able to undo the fixation of the two lumbar vertebræ. Of course, this method is possible only when the spinous processes are not fractured themselves. If so, one would have to resort to the wiring of the transverse processes, as shown also on the model.

The operation consists then of the following simple acts. A good long skin incision, the center of which should be over the seat of fracture; next the muscles

on either side of the spinous processes should be lifted up and drawn aside with blunt instruments, but not more than to allow one to feel the contours of the bones. Then a stout curved needle, armed with wire, is carried through the interspace between the spinous process of the broken vertebra, and that of the next upper one, as deep as possible; brought out, entered again into the next inferior interspace; brought out on the other side; entered there again into the next lower interspace; carried around the spinous process of the vertebra, below the fracture, and again carried through the middle interspace, and meeting the wire where it entered, well twisted together to a knot. In short, a figure of eight loops is carried around the spinous processes of the broken vertebra and that of the next lower one, which may be repeated as often as seems advisable. In the lumbar portion of the spine simple loops will suffice, as the processes are almost horizontal. Then the wound is closed with or without drainage. Under circumstances three or even more vertebrae may be fixed together.

All this can be done in a few minutes. The operation is nearly bloodless; involves no great laceration of tissues, and can be made thoroughly aseptic. The wires are well secured in their position by the ligaments, which remain undisturbed.

More difficult is the wiring of the transverse processes. Here the muscles have to be lifted and drawn aside much more extensively. In order to avoid impeding nerves in the loops, I think it would be best to do it as shown on the model; that is, first to surround one process, and then carry the thread to the next one, and again tie it here by a loop, so as to have only one wire in the interspace.

I cannot resist the temptation to connect my device also with the treatment of Pott's disease. Here, too, the indication in cases where the abscess or carious bones do not call for other surgical attempts, is mainly to steady the vertebral column in order to protect the cord, to prevent the diseased bones from rubbing on each other, and, finally, to make the outcome, in regard to disfigurement, as favorable as possible. Judging from my concededly limited experience, and from theoretical deductions, the proposed procedure will do better than braces, corsets, plaster jackets and the like. It seems to me called for as soon as displacement of the bones is noticed; but even if a full kyphosis should be established, it will be proper to put the patient under an anæsthetic, and to wire together the spinous processes, provided that the column can be straightened to a satisfactory extent. It occurred to me that the fixation of the spinous processes acts like a lever on the bodies of the vertebrae in front, as you can see on my model. This is a great advantage in cases where intervertebral disks are destroyed, or where cavities have formed by necrotic destruction of the vertebral bodies. Evidently such gaps would be held open, whereby better drainage would be procured, the contact of the diseased surfaces prevented, and the filling up by new tissues allowed in the most advantageous configuration. Obviously also the wiring could be added to other operations, such as establishing drainage for the abscess, or to the removal of necrotic bone, or to the trephining of the arch, etc.

Summing up, I do not claim that my proposition is an operation fitting every case of spinal fracture or of spondylitis; it is simply a method of holding the broken or diseased parts together better than any other method, and with considerably less annoyance to the patient. In many cases it may do by itself, in others it will be a desirable addition to other operations. In

others again, it will be as fruitless as all other methods at our disposal. The operation is simple and free of danger, and if only a small portion of the advantages set forth could be attained, it would constitute a very desirable addition to the present means to combat such formidable and intractable ailments.

### OBSERVATIONS ON KOCH'S LYMPH.<sup>1</sup>

By JOSEPH JONES, M. D.

THAT this agent or drug was not used in the treatment of diseases under my care in the wards of the Charity Hospital of New Orleans was due to the following causes:

(a) No case presented itself which I deemed suited to the application of "Koch's Treatment," without danger to the welfare of the patient.

(b) No case presented itself of which the diagnosis was so obscure as to require the institution of a doubtful experiment.

(c) Without exception, the patients under my treatment and care in the wards of the Charity Hospital declined to submit to this mode of treatment.

(d) The extensive prevalence of influenza in a severe and often fatal form, and which attacked, with special violence, those suffering with phthisis pulmonalis, rendered the injection of an irritating agent into the living human body hazardous.

### CHEMICAL AND MICROSCOPICAL EXAMINATION OF LYMPH.

The objectives employed in the following observations ranged from  $\frac{1}{4}$  to  $\frac{1}{15}$  of an inch. These precautions were taken to secure such results as were possible in the chemical and microscopical manipulation of the small amount of material.

### PROPERTIES OF KOCH'S LYMPH.

1. Reddish brown liquid, with oily movement and consistence of thin glycerine.
2. Clear, with a few flocculi.
3. Musty odor, like that of stale beef extract.
4. When burned in flame of alcohol lamp, emits an odor like burning beef extract.
5. Reaction strongly alkaline.
6. When a drop of the undiluted extract was placed in the eye of a living animal, it appeared to cause a disagreeable sensation, attended with closing of the lids temporarily, but it induced no permanent irritation or inflammation. A repetition of this experiment caused no perceptible injury to the eye or animal.
7. No appreciable effects were induced by the "lymph," when administered internally, by the mouth, to living animals.

The fluid, in its innocuous effects, when applied to living mucous membrane, differed from the poison alkaloids, and from hydrocyanic acid and the cyanogen compounds.

8. Mixes rapidly and freely in all proportions with distilled water.
9. When injected with varying degrees of dilution with distilled water (50 per cent., 25 per cent., 10 per cent., 1 per cent., or 0.1 per cent.) into the subcutaneous tissues of living animals (cats, rabbits, and guinea-pigs), only slight local irritation and no sloughing were induced at the points of injection. The injections were followed by fever of greater or

<sup>1</sup> Extract from the report on the use of Koch's lymph in the New Orleans Charity Hospital, of which report advanced sheets have been kindly furnished us by Prof. Joseph Jones, who received the lymph from President Harrison.

less duration. The animals appeared to regain their normal conditions in varying periods of four to seven days, but were reserved for future observation. The liquid appeared to be far inferior in immediate effects, when injected subcutaneously to prussic acid, strychnine, and serpent poison; neither were its manifest effects identical with septic poison.

10. Uncoagulated by heat.
11. Uncoagulated by nitric acid.
12. Uncoagulated by heat and nitric acid.
13. Chemically pure absolute alcohol threw down from the "lymph" a flocculent, whitish deposit.
14. Solution of nitrate of silver threw down a heavy, white deposit, showing the presence of chlorides in considerable amount.
15. Solution barium salts gave slight precipitates.
16. Stannous salts gave no evidence of the salts of gold.

17. Microscopic examination of the undiluted "Koch's lymph," with objectives varying from  $\frac{1}{8}$  to  $\frac{1}{16}$  of an inch, revealed the presence of minute ovoid and rod shaped bodies, resembling the spores and bacilli of the "*bacillus tuberculosis*," as described by the eminent microscopist, Professor Robert Koch.

These organisms, in their size and structure, and behavior with staining agents, corresponded with the "*bacillus tuberculosis*."

18. When the lymph was diluted with boiled distilled water, and preserved in chemically clean test-tubes, the mouths of which were carefully guarded by antiseptic cotton wool, the fluid became turbid. Microscopic examinations revealed the fact that the turbidity was due to the multiplications of organisms presenting physical and chemical properties similar to those of the "*bacillus tuberculosis*."

19. The addition of a drop of the "lymph" to "Pasteur's sterilized liquid" was followed by the development of the spores and slender, rod-shaped organisms resembling the "*bacillus tuberculosis*."

20. The spores and bacilli of "Koch's lymph" were cultivated, with the necessary precautions to exclude all external germs from the atmosphere and external objects, upon various substances or media, as serum, blood, boiled potato, coagulated white of egg, and boiled aseptic crystallized sugar.

21. The cultivations in fresh blood were strongly alkaline; those of potato, white of egg, and crystallized sugar were acid.

22. When a small quantity of the "lymph" was added to a carefully sterilized solution of crystallizable sugar, the clear solution became turbid from the development of bacilli, and emitted a sweetish odor, similar to that which I have often observed to be exhaled by patients suffering from phthisis pulmonalis in the advanced stages.

#### CONCLUSIONS.

(a) The active principles of "Koch's lymph" appear to reside in a colloid nitrogenized compound, coagulable by absolute alcohol, and in living germs—micro-organisms—spores and bacilli, similar to those of the *bacillus tuberculosis*, and capable of multiplying within and without the living organism.

(b) The potent effects of "Koch's lymph," when introduced into the blood of healthy and diseased human beings, may be referred, in part at least, to the rapid multiplication and action of micro organisms, similar to, if not identical with, the *bacillus tuberculosis*.

(c) The results of the chemical and microscopical examination of the contents of this vial of "Koch's lymph" have led me to exclude this liquid from the list of remedial agents.

I beg to be permitted to say that, in the effort to discharge what appeared to be my duty, I have endeavored to serve the art and not the trade of medicine, believing that honorable, legitimate medicine has no secrets to conceal, and holds no remedy which is not the common heritage of the glorious brotherhood of the noble republic of science.

#### NOTES ON THE USE OF ARISTOL.

By KINGMAN B. PAGE, M.D.,

Surgeon to the Out-patient Department, Harlem Hospital, New York City.

ON the introduction of this drug to the profession, it was claimed that it would entirely supersede the use of iodoform; for it possessed not only all its virtues, but the great additional ones of being odorless and non-imitating.

As is well known iodoform is a component part of the great majority of our surgical dressings, and is the main dressing of the minor wounds, ulcers, etc., such as apply at the out-door departments for relief.

Desiring to test this new surgical panacea, through the courtesy of Dr. Truax attending physician of the hospital, we were enabled to obtain an ample supply of aristol, instituting in the out-patient department a series of clinical tests to determine the comparative values of aristol and iodoform.

From the abundant material at hand, we were able to make what may be termed control tests, *i. e.*, to dress analogous cases with either aristol or iodoform, and others with a simple antiseptic dressing; by this means we could readily note the effects of these drugs in aiding the reparative process of nature, diminishing suppuration, the presence or absence of irritation resulting from their use. The cases treated by simple antiseptic dressings (carbolic bichloride or Tiersch solution), afforded us the opportunity of observing the process of repair and comparing its advance with that in cases treated with aristol or iodoform.

For the purpose of convenience the cases were noted in three classes: *Series I*, wounds uniting by primary union. *Series II*, ulcers (non-specific) or wounds healing by granulation. *Series III*, specific ulcers, wounds suppurating freely, erysipelas, cellulitis, bites, human, canine, etc.

*Series I*.—Comprised 71 cases, of these 31 were treated with aristol, 26 iodoform, 14 plain dressing. In this class aristol was used in powdered form, iodoform in powder, saturated ethereal solution or in collodion.

In all cases the rate of union appeared to be about the same, save that in 12 cases treated with iodoform collodion primary union took place in the whole number, while suppuration occurred in 2 cases treated with powdered iodoform, and 1 in 7 with aristol.

*Series II*. Fifty-one cases; 21 with aristol, 21 with iodoform, 9 with other dressings. This series (wounds healing by granulation) afforded us the best opportunity for our tests. In chronic ulcers where there was more or less discharge (18 cases), aristol caused a marked dermatitis in each case in which it was applied, while this happened but three times with iodoform. As a stimulant to the granulations aristol did not in any way, in the other cases, reveal a superiority to iodoform, while it excited a dermatitis in about 50 per cent. of the wounds to which it was applied, while this occurred in but 8 per cent. with iodoform.

*Series III*. Seventeen cases. These were all primarily treated with aristol in powder or 10 per cent. ointment; dermatitis was excited in 5 cases; in cases of erysipelas or cellulitis aristol was without effect in retarding the spread of the disease or on the form-

ation of pus. Iodoform was substituted; excited a dermatitis twice, and in several cases readily retarded suppuration.

To summarize, therefore, we find that 144 cases were noted, comprising a large variety of lesions; that in none of these did aristol in any way reveal a superiority to iodoform as an antiseptic or stimulant to repair; that it excited dermatitis much more frequently than iodoform did, particularly in cases where there was moisture or secretion of pus.

Therefore we conclude that aristol does not in any way prove superior to iodoform, and that, in the general run of hospital or private work, it is not likely to supplant it (iodoform).

70 EAST ONE-HUNDRED-AND-TWENTIETH STREET.

### SLACKED LIME AS A DISINFECTANT.

By A. F. MYERS, M.D.,  
BLOOMING GLEN, PA.

IN extolling the virtues of the many disinfectants new, the profession, in its wild rush for something new, seems to have entirely ignored the efficacy of slacked lime. The various calcium preparations are deserving of more general recognition than is accorded them by some, and need only to be extensively employed to be appreciated. No one at this day denies their beneficial effect in the different disorders of the alimentary canal, and as a local applicant in various virulent affections.

In typhoid fever slacked lime is a very effectual means of destroying the contagious germ as it is found in each evacuation of the bowels. It is convenient and inexpensive, and, if properly instructed how to use it, the nurses met with in a general country practice will willingly execute your directions, for being already aware of the utility of lime as a whitewash, and its power to destroy offensive decaying matter, vegetation, and objectionable insect life about farm buildings, they will fully appreciate your efforts at exterminating this dread disease, and you will have indefatigable assistants.

When attending a case of typhoid fever, I will invariably exercise a particular supervision in the use of disinfectants. I will call for the slacking pot—and all country folks have one somewhere—and direct them to procure a lump of fresh lime, and pour on enough hot water to slack it well, and later add a sufficient quantity of water to keep it moderately thick. I will select a place and have a hole dug about two feet deep, near the out-house, or at some other place equally safe distance from their water supply, and have the lime kettle, together with an old cup, or an empty tomato can, at its side, and direct the nurse to deposit all excretions in this cesspool, and immediately throw upon the stools a cupful of this slacked lime. Frequently I direct an excess of lime to be used, and each day throw upon this a covering of earth, and effectually destroy and bury all poisonous substances. Of course, in a week or more another pit must be made; but by this means it is well nigh impossible for any contagious matter to be carried away by overflowing gutters or melting snow, and thereby menacing the neighboring water supply. This is an important part, and is frequently looked after. The emptying of the patient's vessel into the closets frequented by other members of the family is strictly prohibited, for the reason that its contents cannot be properly disinfected there. I have followed this plan for a number of years, and have been able to confine this dread disease to but a single member of a family at a time, and not impress

them with apprehension when informed that a case of typhoid fever is within their household.

### Society Notes.

#### NEW YORK ACADEMY OF MEDICINE.

##### SECTION ON ORTHOPÆDIC SURGERY.

*Stated Meeting April 17, 1891.*

SAMUEL KETCH, M.D., Chairman.

DR. H. L. TAYLOR presented for diagnosis the case of a boy who was taken suddenly sick, without known cause, on September 12, last, with a chill and irregular fever, which was soon followed by severe pain and swelling about the upper part of the thigh, especially in front. He was examined late in November, when he presented hardness and swelling of the upper part of the thigh with some oedema, and at times below the knee. There was fluctuation on the outer aspect of the thigh, five inches below the anterior superior spine, and a tablespoonful of serum was several times withdrawn. The thigh was extremely flexed, abducted, and everted, and there was but little hip motion, but no muscular spasm. The patient improved in health rapidly; the inflammatory symptoms subsided, and the deformity was reduced to a moderate one by rest in bed, with gentle counter-extension. The patient now walked with a considerable limp, but without support. There was a large, hard swelling connected with the right side of the pelvis, found on pressing above Poupart's ligament, and also above and in front of the hip. The patient's health was good.

DR. A. B. JUDSON thought that the abduction and fixation present indicated articular osteitis of the hip, obscured, in this case, by unusual deportment of the abscesses.

The Chairman thought it was very unusual for hip disease to come on with such sub-acute symptoms, and the history seemed to point rather to some infectious disease than to a chronic joint lesion.

DR. ROYAL WHITMAN presented a series of cases illustrating the treatment of knee- and ankle-joint disease in young infants by an adaptation of Thomas' splint. He claimed that by the routine use of extension, not merely for its effect on the contracted knee, and as a factor in the production of rest, but for the purpose of retaining the brace in position instead of using the ordinary shoulder strap, the constant shifting of the ring, which occurs in infants, is avoided, and hence the irritation of the skin and motion at the diseased joint were reduced to a minimum. He advised the use of the brace in cases of ankle-joint disease, even when the infant had not begun to walk, on the principle that children, long before they walk, are making constant attempts to stand, and, in creeping or otherwise, expose the joint to injury.

The brace is made of light material, with two leather straps attached to the foot-bar. The extension plasters are applied to the leg, usually below the knee, and the leg is firmly bandaged from the toes to the groin, and the brace applied with sufficient extension to hold the ring firmly in its place. The leg and brace are then firmly bandaged to one another, from the foot to the ring. Such an arrangement provides rest, compression, and protection, the effect of which in painful, contracted, and suppurating joints is at once apparent.

In ankle joint disease, the foot being at a right angle to the leg, a well-fitting plaster bandage is first applied.

It seemed to the speaker that the treatment of joint disease in infancy should be carried out on the same principles as apply to older children, and that in cases of knee and ankle joint disease the conditions are most satisfactorily met by the Thomas brace. With ordinary care its use was attended with no difficulty, and it was not unusual to see infants of from fifteen to eighteen months of age walking about on the brace and high shoe without discomfort.

DR. V. P. GIBNEY said that his clinical experience had taught him that it was almost impossible to hold the limb down with plaster of Paris in these small children, for, notwithstanding the performance of tenotomies, as soon as the plaster becomes soft—which it will do speedily, as a result of the dribbling of the urine, and from other causes—the limb will begin to flex again. This adaptation of the Thomas splint he considered an admirable one.

DR. JOHN RIDLON said that this method of employing traction had been used by Thomas years ago, but more recently that surgeon had preferred to straighten the cases, with or without an anæsthetic, and then put them up permanently in a straight position with absolute immobilization, and with as much traction as could be obtained by a full length caliber splint. He thought that direct backward pressure, with a pad above and below the knee, and a strap behind the knee, was better than the method of bandaging adopted in one of the cases presented. For the ankle-joint cases he thought a metal splint was more satisfactory than the plaster of Paris. He had repeatedly tried plaster of Paris in these cases, and had found that it failed to keep the limb straight.

DR. JUDSON doubted whether, in larger children, the splint shown could be relied on to secure both fixation and protection.

DR. A. M. PHELPS disagreed entirely with Dr. Ridlon as to the superiority of a metal splint over the plaster of Paris. He had used the Thomas splint for the past four years as a protection to the joint, but he did not approve of producing extension by it, as this caused intra-articular pressure. His plan was to reduce the deformity under ether, and then apply plaster of Paris. He did not think the splint exhibited was any better than plaster of Paris for small children before they began to walk.

DR. W. R. TOWNSEND said that it was because they had experienced so much trouble from excoriations in the use of plaster of Paris at the hospital that Dr. Whitman had devised this arrangement.

DR. N. M. SHAFFER saw no necessity for either this splint or for plaster of Paris. There had been no trouble from the apparatus which he had employed in his practice, and he thought it gave even better protection than the Thomas splint. The deformity is usually made too important a factor in the treatment. A study of nature's methods would show that the deformity should be reduced by modifying rather than by increasing the intra-articular pressure, and Dr. Whitman committed an error in attempting to reduce the deformity quickly, for, in the majority of cases, nature endeavored to warn us against this rapid reduction of the deformity by establishing a condition of muscular resistance. The slow method of reducing the deformity, in his opinion, gave better ultimate results.

The Chairman endorsed the views of the previous speaker. Some of these cases had been stated not to have had reflex spasm, but he could not under-

stand how this could be the case, as, in his experience, spasm had been invariably present. The apparatus acted upon the principle of the simple perineal crutch, and only emphasized the necessity for using this crutch in all these cases.

DR. WHITMAN, in closing, said that the only claim to originality which he made was in the manner of holding the brace firmly against the groin. He was fully convinced that plaster of Paris was very undesirable for young infants, as the joint was often swollen to the size of the thigh, and the plaster speedily worked down and became loose. However beautiful might be the theory of increasing the intra-articular pressure by traction made with this splint, the fact still remained that while the limb was being brought down, these children were comfortable, their general condition improved, and the joint diminished in size. The bandaging to which Dr. Ridlon alluded was not for the purpose of straightening the leg, but to hold the brace firmly. He considered that the deformity was of much importance, and that the sooner it was reduced, especially in knee disease, the better. If seen moderately early, one could be sure that recovery without deformity would occur, with the exception of some shortening.

DR. GIBNEY presented a case of anterior poliomyelitis, which had so affected the adductor group of muscles as to cause marked deformity of the limb. When six years old the patient was reported to have had a high fever, accompanied by inability to move the legs. This condition rapidly improved, and then it was noticed that the child could use the limbs but little. He had first seen the case on November 16, 1887, at which time there was complete adduction of the limb; the hamstrings were considerably shortened, and there was some flexion at the hip. Shortly after he began treatment by stretching the hamstrings. The case passed under the care of a distinguished general surgeon, who presented her to the Surgical Society as a case of congenital dislocation of the hip. She returned after a time, and the extension was resumed. On November 22, 1889, she was anæsthetized, and by an open incision over the tensor vaginæ femoris, and flexors of the thigh, he was able to divide freely the contracted tissues, until the limb could be brought into good position, when he applied plaster of Paris from the axilla to the toes. After two or three weeks a brace was applied. On October 22 another operation was necessary. On March 26, 1890, the limbs were parallel; and at present it is difficult to produce any luxation of the hip joint; the limbs are of equal length, and the child can walk fairly well without any apparatus. He thought the case showed the advantages of protecting the weakened muscles for a long time.

DR. SHAFFER said that he wished to emphasize the important part played by the tensor vaginæ femoris, this muscle and the sartorius often being the principal opponents to good locomotion. He had seen several cases in which the general surgeon had made a diagnosis of dislocation of the hip, owing to the extreme malposition of the thigh. Division of the tensor vaginæ femoris, and of the muscles attached to the anterior spine of the ilium, is the only method of treating these cases successfully, and, in order that the division be thorough, he preferred the open method to the subcutaneous.

DR. GIBNEY presented two cases of arrest of development.

In the first, in addition to some deformity of the hands, the patella and knee joints were rudimentary.

There was limitation of motion, and rotation inwards of the femur and outward rotation of the tibia, and the patella was displaced to the outer side of the femur. There was the usual marked degree of knock-knee, and the double congenital equino-varus. She was admitted to the hospital on June 18, 1889, and at that time was eight years of age, and in good general condition. After a number of tenotomies and other minor operations, it was found that, although there was some improvement, there was still marked knock-knee, and obstinate equinus. Accordingly, on October 28, 1890, the astragalus and a portion of the cuboid were removed from the right foot, and the same operation was performed on the left foot on January 19 of the present year. She is now walking with apparatus, but bids fair to have a good pair of limbs.

The second case was admitted on September 20, 1887, and on January 1, 1888, chloroform was administered, and the tendo-Achillis divided. It was subsequently treated by stretching, but the deformity recurred, and on November 7, 1890, the greater part of the astragalus was removed. She is now doing well.

DR. PHELPS congratulated him on the very excellent results which he had obtained, and remarked that they seemed to demonstrate the superiority of this method of treatment by the removal of the astragalus.

DR. GIBNEY also presented a case of club-foot, remarking that he never felt sure of having thoroughly relieved the condition, until a condition of marked calcaneus had been secured, before the patient was discharged from the hospital.

DR. SHAFFER said that hyperextension immediately after the operation of tenotomy was not unattended by risk, for one case of severe equino-varus, which he had treated in this way, resulted in an elongated tendon.

DR. R. H. SAYRE said that he had called attention in a previous paper to the fact that it was not wise to put the foot in a position of complete extension, because it is likely to result in too long an attachment between the calf muscles and the foot. The best position was at right angles to the long axis of the tibia. Non-union was most commonly due to the bandages being applied so tightly that the space between the divided tendon is occluded. If this fault in dressing be avoided, there is always a sufficient bond of union, even though the space be three inches long, as it was in a case which he had already exhibited to the Section.

DR. PHELPS said he agreed thoroughly with Dr. Gibney, as to the advantages of immediate hyperextension. It was the subsequent use of traction machines which pulled out the tendons into thin bands. The space between the divided ends of the tendon is immaterial, so long as the operation be performed antiseptically, and the dressings are carefully applied. He had practised over-correction in 161 cases of open incision, and in not a single instance did the tendo-Achillis fail to unite.

#### A CASE OF NEUROMIMESIS.

DR. W. R. TOWNSEND presented such a case. A girl, fourteen years of age, having a good family history, fell on the 27th of last January, twisting the foot, and producing a slight excoriation on the ankle. She was taken to a hospital, where the injury was treated by plaster of Paris for five weeks. On removing the plaster, the foot was found to be much distorted. She then came under the speaker's care, and an examination by Dr. B. Sachs indicated that the

deformity was entirely due to psychical causes. There is now a slight equinus, and the extreme contraction of the tibialis produces varus. Only slight force is required to bring the foot into the normal position, and the patient can retain it in this position by the power of the will for a few moments. There had been but little improvement so far in the case, which had been treated only by the application of blisters to the lower end of the spine, and by the administration of tonics.

In answer to a question from Dr. Ridlon, Dr. Townsend said that the genitals had not been examined.

DR. RIDLON said that he asked this question because in a recent case a vulvitis had seemed to be the cause of the trouble.

DR. SHAFFER said that some time ago he had presented a somewhat similar deformity of the foot, but in his case there was a rhythmical action of the muscles of the thigh.

DR. H. L. TAYLOR thought the diagnosis was unquestionably correct. Some years ago he had had a very similar case, which began with a slight sprain, and which was completely cured in about one month.

DR. R. H. SAYRE called attention to the remarkable resemblance which this purely muscular deformity bore to that seen in cases which are considered to be incurable except by the removal of considerable portions of bone. In this case the bony prominences are marked, and yet the bones are not luxated.

DR. H. W. BERG spoke of the possible medico-legal interest that might attach to such cases.

DR. CHARLES N. JONES, of Brooklyn, presented a child upon whom he had operated for infantile hernia. When the child was about three months old, a swelling appeared in his left groin, and gradually extended downward, until it finally reached the scrotum. The mother noticed that the swelling increased along the course of the inguinal canal when the child made any violent effort which brought into play the diaphragm or abdominal muscles. Some weeks later the child was fitted with a truss, but the instrument did not prevent the reappearance of the swelling in the scrotum. In this case, as persistent efforts during the past year had failed to retain the hernia in situ, it was decided to close the canal by operative measures. The operation was done on December 20, 1890. After a thorough cleansing of the field of operation, the patient was anesthetized, the bowel reduced within the abdomen, and an incision made sufficiently large to expose the external abdominal ring. After the preliminary incision, the operator had found, contrary to his expectation, that the sac was distinct from the tunica vaginalis. It was carefully separated from the testicle and cord, and then opened transversely about an inch above the distal extremity. After a careful exploration, to see that there were no adhesions, the sac was ligatured with catgut, and removed. The pillars of the ring were then brought together with catgut sutures, leaving sufficient space for the passage of the cord. The wound was packed with iodoform gauze, and treated by the open method. Convalescence was afebrile. The child, who was three years of age, was presented to the Section. The wound was firmly closed, and there was no tendency to a recurrence of the hernia. A tight phimosis was operated upon at the same time as the hernia.

Dr. Jones also presented a boy, six years of age, who was admitted to the Children's Hospital on September 10, 1890. He had a rachitic history, and all the bones presented rachitic deformity. The teeth

were deficient, and the femora presented anterior and lateral curvatures, with great depression of the internal condyles. Below the knee, in both legs, there was a marked anterior and inward angular deformity of both bones of the leg.

On October 21, 1890, he performed supra-condyloid osteotomy of both femora. The wounds were dressed antiseptically, put up in plaster splints, and suspended by weights and pulleys, as recommended in an article published in the *Annals of Surgery*, April, 1889. On November 15, he performed cuneiform osteotomy on the tibiae, and fibulae of both legs for the correction of the principal deformity. The wounds were dressed according to the method recommended by Von Bergmann, viz.: they were thoroughly packed with iodoform gauze, dressed antiseptically, and left until the following day, until all hemorrhage had ceased, when the bones were united with catgut sutures, the periosteum and the skin wounds sutured, and the limb enveloped in a mass of sublimate gauze. Plaster bandages and suspension were then applied as before. Recovery was uninterrupted. On January 9, an additional section of the bones of both legs was made to correct a slight remaining deformity, and the same after-treatment was adopted. The patient presented a very tight and adherent prepuce, which was a constant source of irritation to him. At the first operation he was circumcised. This apparently slight operation the speaker considered important, as he had found it necessary to perform it in the case of every deformity in a male child which had come under his observation.

#### THE PLACE OF FIXATION IN THE TRACTION TREATMENT OF HIP DISEASE.

This was the title of a paper by DR. ROBERT W. LOVETT, of Boston, who illustrated his remarks by the exhibition of apparatus. He said that it was a question for those who believe in the traction treatment of hip disease to consider whether apparatus should have as its object, simply traction, or fixation of the joint as well. This question presents itself under two aspects:

(a) As to the advisability of using in certain cases a splint which should give better fixation than the long traction splint, and

(b) The indications for fixation in bed, and the class of cases in which it is necessary.

The long traction splint was introduced under the impression that it was an appliance which should give motion without friction. Later, traction in itself came to be regarded as a means of fixation, and Dr. Judson was the upholder of the view that traction furnished fixation to the hip joint. Some experiments by the writer tended to prove that the long traction splint was not a fixation appliance, and one worn by a boy with normal hip joints allowed motion of 35° in walking and sitting. The practical question arises whether such a splint furnished enough fixation, or whether in certain cases more perfect fixation of the joint is not to be desired. Certain cases do badly under treatment by the long traction splint, and these seem to be of two sorts; very severe cases, and cases where the patients are under imperfect control, and run and play continually, producing traumatism of the joint, which results in sensitiveness, irritability, and malposition.

In the hope of preventing this condition in such cases a splint was shown which was practically a combination of the Taylor and Thomas splint. The appliance fixes the thorax, the pelvis, and the leg, and comes below the foot, ending in a traction ap-

pliance, in this way fixing the hip joints as perfectly as possible, and at the same time making traction upon the diseased limb. The writer would advocate the use of such a splint chiefly in hospital practice, in very severe cases, and in patients under imperfect parental control. Practical experience has shown the splint to be useful in this class of cases.

(a) With regard to the second division of the subject—fixation in bed—the experience of the Boston Children's Hospital has been, that the immediate treatment of malposition or joint sensitiveness results in a very small proportion of abscesses among the cases treated. Of one hundred and eighty-two cases admitted in the last three years, one hundred and seven were sent to the wards on account of deformity and sensitiveness, and only fifty-two for abscess. In these years, the percentage of cases admitted for deformity and sensitiveness has steadily increased, while the percentage admitted for abscesses has steadily diminished. In the last six years at the Children's Hospital, among five hundred and seventy-four new cases of hip disease coming in that time, only one hundred and seven abscesses have developed, giving a percentage of 18.7 per cent., which is very much less than any other series of cases reported. Of Dr. Gibney's cases, 60 per cent. had abscess; in the Clinical Society's cases, 69 per cent.; and in the recent cases of Mr. Marsh, 50 per cent. It has seemed that the early admission of cases was to be regarded as the preventive treatment of abscess. It would seem, therefore, that the use of splint affording more fixation than the ordinary traction splint was needed in severe and sensitive cases, and that rest in bed was advisable when malposition occurs, not only in order to overcome the malposition, but in the hope of preventing abscess.

#### DISCUSSION.

DR. RIDLON approved of the author's observations upon the traction splint, but the outline of the splint which he had exhibited was certainly improper. During the last few years he had not found occasion to employ more traction than was obtained by the tendency of the Thomas splint to work downward. If the splint was not supported by shoulder-straps, it gave sufficient traction for the successful treatment of fractures of the upper part of the thigh bone. He questioned very much the advisability of allowing the patient to walk around, who had sufficient muscular spasm to indicate the necessity for the application of a special traction apparatus.

DR. SHAFFER thought that the author's experiments to determine the amount of motion occurring at the joint were fallacious, as they did not take into account the considerable arc of motion produced by the flexibility of the lumbar spine. He thought that his own experiments upon this point had not yet been contradicted. In these he applied the apparatus to a healthy hip joint on a person whose opposite joint was ankylosed. A person with an ankylosed hip can walk, or even dance, owing to the flexibility of the neighboring parts.

DR. JUDSON thought that the traction splint secured fixation but not immobilization. He thought it was important to make this distinction. Immobilization is found in union after fracture and in ankylosis, while fixation is produced by reflex muscular action and by traction. It is almost impossible to immobilize a joint by any application of mechanical surgery. Fixation implies a degree of mobility which allows a reduction of the deformity. When applied in a painful case it has a wonderful effect in relieving the

patient's distress, which is partly pain and partly a sleep-destroying apprehension of disturbance of the joint.

DR. PHELPS said that as he believed that it was a cardinal principle in the treatment of all joint disease that the affected part should be immobilized, he could not understand what the author meant by "motion within certain limits;" he saw no reason for the joint being moved at all. During the period of pain we all agreed that rest in bed was the proper thing, and yet, if this represented the best method of treatment, why employ a splint which would not carry out this idea? More than 75 per cent. recovered without deformity. Again, if extension were the proper thing, why not counteract the action of the coductors and adductors which cause the spasm, by making use of lateral traction? He did not think the statistics about abscess collected by the author carried much weight, because in Boston these cases were sent to institutions at an earlier stage of the disease than they were here.

The Chairman referred to an article by Dr. Judson, in which it was shown quite conclusively that the effect of mechanical treatment when applied sufficiently early, was to prevent abscess, and that it even prevented the opening of many abscesses which had already formed at the time the treatment was begun. Long before the Thomas splint, or the lateral traction splint, were known here, Drs. Sayre and Davis obtained cures without deformity, by means of the traction apparatus commonly employed, and he would not, therefore, accept the view that almost all the cases treated by this much abused traction splint, pursued an unfavorable course, and ended in deformity.

DR. BERG spoke in favor of the use of apparatus which did not require any elaborate fitting; for, as he said, "some braces require so much fitting that they rarely fit."

DR. H. L. TAYLOR said that he was glad to be able to approve nearly all the points made by the author in his excellent paper. The hip joint required some form of fixation, as well as extension, when acutely inflamed. In most cases the amount of fixation afforded by the long counter-extension splint combined with short periods of rest in bed, when necessary, was sufficient. Dr. C. Fayette Taylor had never claimed that his long splint gave positive immobilization of the hip; but the speaker was surprised at the range of motion found under its use by Dr. Lovett, and would wait for further experiment before admitting that the question of the amount of motion allowed was settled. In very bad or unruly cases in dispensary practice, the apparatus shown by Dr. Lovett would no doubt prove useful. The speaker would emphasize the advantage of properly applied counter-extension in the progressive stage of hip joint disease, in order to restore the hygiene of the joint and prevent deformity.

DR. LOVETT said that he had used one perineal pass instead of two, because his object had been to find the fixative power of traction, and not of any special splint, and he thought his experiments, as far as they had gone, were in the proper direction. With regard to the question of abscess, he should have added, that 170 cases of abscess mentioned, included those occurring in cases which had been admitted for a number of years past, at least since 1880.

DR. T. HALSTEAD MYERS presented a specimen showing an upper dorsal kyphosis, with the cord in situ. The patient had muscular weakness of the legs, and exaggerated knee-jerks only. The specimen showed that the pressure was made by the body of one vertebra, and that if a laminectomy were done,

the arches of at least four vertebra would have to be removed. It also showed that the pressure was entirely anterior, and that, therefore, as there was considerable room posteriorly, the operation would not benefit this patient. He thought a sharp bend in the cord, even without direct external pressure, might cause vascular changes from the increased pressure on the concave side, sufficient to cause symptoms.

DR. SAMUEL LLOYD said that in many of the cases which had been operated upon sufficient bone had not been removed, and that this had been the difficulty with two of Kraska's cases. As a matter of fact, it had been found that the removal of the posterior portion of the spinal column, the laminae, *did* relieve the pressure on the cord.

## The Polyclinic.

### JEFFERSON MEDICAL COLLEGE HOSPITAL.

DR. BRINTON exhibited a case of traumatic hydrocele with nature's own cure of that condition. The hydrocele had been tapped, but, returning, and becoming purulent, had formed an opening for itself. After the discharge, the walls of the sac had become adherent and so effected a cure.

The internal opening of a fistula in ano is not often found high up in the rectum, but just within the external sphincter. There may be pockets which extend high up, but the internal opening is generally just under your finger as you insert it into the rectum.—*Brinton*.

### PHILADELPHIA HOSPITAL.

IN operations on the intestines, where you wish to know which is the proximal and which is the distal end, place a pinch of salt on the intestine and, in the majority of cases, there will be peristaltic motion, which will be from the rectum upward.—*Ashton*.

The shoulder joint is one of the least frequently involved in rheumatic inflammations.—*Walker*.

Right sided extension of the area of heart dullness generally means right sided trouble or engorgement.—*Walker*.

A thrill is seldom felt at the apex (on palpation) without mitral disease, a disease which modifies the passage of the blood from auricle to ventricle.—*Walker*.

The murmur of endocarditis is at first simply a subduing of the normal sounds; as it passes on there may develop a decided murmur, but at first there is only the softening of the normal sounds; therefore, when you are treating a case of rheumatism, be careful to recognize the nature of the sound at the first, so as to be able to detect any changes which may take place day by day, for there is not enough pain associated with endocarditis to call the patient's attention to it in the presence of the joint trouble, therefore the slightest indication we can get by physical examination is of service, not having pain to assist us. A mitral regurgitation is generally the first effect of endocarditis. What is to be done in such cases? As far as the acute attack is concerned, nothing. Life is not immediately threatened by the presence of this inflammation, but of course, there is always a possibility of an embolus from these inflamed surfaces. I have seen strings of fibrin extending from the mitral

leaflets long enough to sweep into the aortic orifice. Of course it would be easy for these to become detached. As a rule, however, the deposits are not so much on the surface of the valves as in the tissues. The danger, therefore, is not of embolism, but of contractions. The difficulty in treatment consists in putting the parts at absolute rest. We must insist on the horizontal position, so as to give the parts, as nearly as possible, complete rest.—*Walker*.

**PRACTICAL HINTS.**—Now that the summer is approaching, and in feeling seems actually upon us, it behooves all to see that their systemic condition is in perfect trim, in order that they may be less susceptible to the complaints which are likely to occur at this season. Especially does the above apply to the physician whose work is a song of daily and nightly toil. "Spring fever," though often synonymous with laziness, is frequently more than an "idle fancy." The warm weather brings a laxness of feeling which is participated in by all the various organs of the body. Cold weather demanded an increased supply of food and muscular exertion that the bodily temperature and conditions so necessary for its well being might be maintained. As the season advances this demand grows less and bodily exertion reaches its minimum. The system becomes torpid, as it were. The various organs of the body not being called upon for the same amount of work, grow languid, and so the various secretions and excretions are not up to their normal standard. The various bodily functions must be attended to. The liver, with its many imperfect functions, is especially liable to take on this condition of inactivity. Its biliary function is frequently deranged. The skin looks sallow, the tongue coated, a feeling in the morning as if one's night's rest had not been refreshing. All these, with other feelings of lassitude, tell us that we are not in "working trim." To these must be added the susceptibility to colds. If there is any one thing that is harrassing, it is a "summer cold." One cannot be too careful about changing their flannels. Do it gradually, or wait until you know the season has fully settled. Keep the bowels open, if only with a glassful of cold water in the morning before breakfast. Small doses of calomel will prove exceedingly efficacious, both as a tonic and laxative. Cool bathing daily promotes the functions of our nervous system and adds a stimulus to the proper activity of our various bodily organs. Take a sponge bath every morning. Don't over eat, but sustain the body with nutritious diet. Fruit is always beneficial. Finally, let the physician see that he is well protected from the chilling air of night, when his peaceful slumbers are disturbed by some nocturnal visitor.—*Southern Med. Record*.

**SUBLIMATE AND STAPHYLOCOCCUS AUREUS.**—As the result of a long series of experiments, detailed in the *Johns Hopkins Hospital Bulletin*, Abbott draws the following conclusions:

1. Under the most favorable conditions a given amount of sublimate has the property of rendering inert only a certain number of individual organisms. That is to say, the process is a definite chemical one, taking place between the protoplasm of the individual bacteria, and the sublimate in the solution.
2. The disinfecting activity of the sublimate against organisms is profoundly influenced by the proportion of albuminous material contained in the medium in which the bacteria are present.

3. The relation between the golden pyogenic staphylococci and sublimate is not a constant one, organisms from different sources and of different ages behaving differently when exposed to the same amount of the disinfectant, for the same length of time.

4. The organisms which survive the exposure to the sublimate, may experience a temporary attenuation. This attenuation, however, may be caused to disappear by successive cultivation in normal media.

5. By the method employed in these experiments it is possible to select from a culture the most resistant forms in that culture.

6. Many of the results of previous experimenters, who have assigned to corrosive sublimate more powerful disinfectant properties against the staphylococcus pyogenes aureus in cultures than the observations reported in this paper indicate, are attributable to the neglect of certain precautions now recognized as essential to the proper conduct of such experiments.

In the light of these experiments and those of the experimenters quoted in this paper, it is plain that for use in surgical practice the solutions of corrosive sublimate do not possess all of the advantages hitherto attributed to them.

To the employment of sublimate solutions upon wound-surfaces it is plain that there exist at least two serious objections.

1. The albumen of the tissues and fluids of the body tends to diminish the strength of, or indeed renders entirely inert, the solution employed.

2. The integrity of the tissues is materially injured by the application of solutions of this salt.

The first objection cannot be met with certainty, for the surgeon possesses no means by which he can determine the amount of albuminous material with which his solutions are to come in contact, and in any case this large amount of albuminous material is an almost insuperable obstacle to complete disinfection with sublimate. He is, therefore, never in a position to say, *a priori*, that his efforts at disinfection of the wound are or are not successful.

The second objection is equally serious. During the past two years we have had sufficient evidence to lead us to believe that the normal tissues and fluids of the body possess the power of rendering inert many kinds of organisms which may have gained access to them. This function is therefore diminished, or, indeed, may be quite destroyed, by any agent which brings about alterations in the constitution of these tissues. We know that just such changes as those to which we refer are known to follow the application of sublimate solutions. It is plain then if we bring about in these tissues a condition of superficial necrosis, the condition following upon the application of sublimate, they are much less able to resist the inroads of infectious organisms than they would have been had they been left in their natural condition.

As a disinfectant, in the strict sense of the word, there are, perhaps, few substances which possess the property in a higher degree than does corrosive sublimate, but at the same time there is nothing which is employed for this purpose that requires greater care in its manipulation in order to obtain its best results than does this salt. As we have seen, its action is influenced by a number of conditions which in practical application it is difficult, if not quite impossible, to control.

For these reasons we seem hardly justified in continuing to give to it the first place in the list of substances which may be employed practically for the purpose of rendering harmless, materials containing the germs of infectious maladies.

# The Times and Register

A Weekly Journal of Medicine and Surgery.

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New York and Philadelphia, May 23, 1891.

IN the *Virginia Medical Monthly* for May is to be found the report of the Virginia State Board of Examiners, in detail, giving the questions asked, and showing in what branches each rejected candidate was deficient. Out of 30 rejected candidates, 29 failed in chemistry, 30 in anatomy, 12 in hygiene and medical jurisprudence, 12 in physiology, 8 in materia medica, 19 in obstetrics, 14 in practice, and 25 in surgery.

Of the 30 who failed, 5 were non-graduates, 22 graduated at colleges requiring but two courses, while 3 came from schools that give the three year graded course. Two of these were from the Hospital College of Medicine, of Louisville, Kentucky. One of these failed in anatomy, chemistry, hygiene, obstetrics and surgery; the other failed in chemistry, anatomy, hygiene and surgery; the total marks being 63 and 64, respectively. The third came from the Howard University for Colored Students in Washington, D. C. He failed in chemistry, anatomy, physiology, obstetrics and surgery, taking a grade of 59.

Of the 47 successful candidates, 4 gave no college, 36 were from two-year schools, 5 from the University of Virginia, and 2 from Leonard Medical School for Colored Students, at Raleigh, North Carolina. These two schools, and Tulane University, New Orleans (a two-year school that was represented by one candidate), were the only ones that succeeded with all the candidates they presented.

The Leonard school was organized in 1882; has a four years' graded course, with 7 instructors; no beds for clinical instruction; no laboratory courses; does not teach hygiene at all; requires four years' study; four regular courses; two dissection courses; no hospital or clinical work. With such disadvantages it certainly speaks well for the colored students that both the representatives of this school should have succeeded in passing the Virginia examinations.

The University of Virginia is located at Charlottesville, a town of less than 3,000 inhabitants, with no

larger town within two hundred miles. The meager replies sent to our circular requesting information, tell us that the term occupies thirty-six weeks. The course is graded, but covers only two years; no hospital beds; no laboratory courses; no hygiene taught; no practical examinations, hospital, or clinical work required. There are seven instructors. Students who are not taught hygiene must be pretty thoroughly versed in the principles of medical science to pass a successful examination on this branch.

What are we to conclude from this? That the proper way to obtain the best medical education is to go to a little country village where there are no distracting clinics; no laboratory work; no hospitals; nothing but text-books, and recitations extending over nine months of the year. The merits of the University of Virginia system are vindicated by the results of the Virginia examinations for seven years, during which, of fifty-three candidates from this school, but one has failed. This record is corroborated by the unequalled success of this college's candidates in the examinations of the United States Navy Board. So far as the passing of examinations goes, the superiority of this method of instruction has been amply demonstrated; but there is a good deal of truth in a remark made by one of our best practical teachers, that the getting a medical education is not so much for the purpose of passing examinations as of preparing for the duties of a practitioner. And the University of Virginia cannot point to anything approaching the long roll of great teachers and practitioners that Jefferson College has started on their career. With less of that scientific culture that comes from much reading of books, and far more of that priceless knowledge that is gotten from observation in the clinical amphitheater, Jefferson's graduates have everywhere come to the front as exemplifying the practical nature of her teaching, that has been its characteristic from the first.

The difficulty in uniting the two methods of instruction has always lain in an unwillingness to lengthen the course. Men may be taught by recitations here in the great city just as well as in the backwoods. If to this be added the advantages of our laboratories and clinics, there is no reason why our students should not show superiority over those educated at the University of Virginia.

On the other hand, it would be well if the medical colleges of the cities were to extend the time that the student is required to attend college to ten months, grade the course thoroughly and substitute recitations for the antiquated didactic lecture. This would allow the student time to study a text-book, time for exercise, for laboratory work and for discussion with his classmates and instructors. It would do away with the appalling "final" examination, by substituting one at the end of each term of three or four months. It would, also, relegate to an unregretted past that miserable refuge of the idle, the quiz compend.

This is so obvious a matter that we must ask our readers' pardon for advertizing to it at such length. But medical education is a matter of vital importance to the profession; and those active members who de-

vise bills establishing medical boards, etc., etc., are so apt to act without due consideration, that it is essential to put these matters straight before their eyes.

We would suggest to the Virginia Examining Board the advisability of adding to their examinations something besides the mere answering of questions. In the Navy examinations the candidate is required to put on fracture dressings, diagnose cases, etc.; and this method, as compelling attention to the clinical demonstrations and practice in physical examination, should form a part of every college's final examination.

## Annotations.

CLEVENGER'S Brain Cap is the short name for a very simple appliance for locating motor centers in the cerebrum before trephining the skull. It was invented by Dr. S. V. Clevenger, and described by him this month at the Chicago Academy of Medicine, as a thin transparent rubber cap, smaller than the average adult cranium, so as to require stretching when fitted to the head. The fissures and motor centers were delineated upon the surface of the cap, and no matter whether the head were long or short, broad or narrow, high or low, the pointed lines would fall into their approximate places. Of course, the same means of determining the relative fissure locations were used as with other apparatus, but Clevenger's method is the simplest, and trial may prove it to be the most accurate. Some of the doctor's essays in this direction are in the *Journal of Nervous and Mental Diseases* of eleven and twelve years ago.

## THE NEUROTIC COMPLICATIONS OF UTERINE DISEASE.

THE *Lancet* (April 25), publishes an abstract of Playfair's address before the Medico-Chirurgical Society upon this topic. In it he says one of the most important things to be impressed upon the mind is the danger in the treatment of the less important of the so-called diseases of women—such as do not admit of any operative interference—of developing a neurosis. A most important factor of uterine disease is that there is in almost all women a strong nervous tendency that should be guarded against in any local treatment that we may adopt in order to avoid encouraging or fostering it. A case cited is that of a young married woman who had been in the hands of several practitioners for local symptoms, she was told she had retroflexion, and the diagnosis was accurate.

A pessary had been inserted of suitable shape, and well adapted for relieving other cases, but in this case it failed.

The patient was confined to a sofa, and was afraid to move across the room, she could think of nothing but the mysterious instrument within her; its removal, and the assurance that she had better do nothing but use hot irrigations, had the happiest effect. In a few days she was bright and cheerful, and will probably do well without any local treatment.

We, however, should be careful not to allow one or two exceptional cases of this kind to lead us to an opposite error, and generally condemn (as some have done), the use of pessaries and other such measures altogether.

Take the common case of a woman after confinement with a heavy subinvolved uterus, possibly retroflexed and with some endometritis, which would naturally cause a painful bearing-down sensation, this has generally been called "neurasthenia," for the want of a better name. The important thing, however, is to recognize the fact that there is a common morbid state insufficiently described in medical works, which is not only a source of illness and misery, but when thoroughly understood is readily cured.

To Dr. Weir Mitchell, of Philadelphia, belongs the merit of systematizing a method of dealing with such cases, so that they are no longer a reproach to medicine, but as readily cured as anything can be, provided the cases are carefully selected and the treatment properly carried out.

## SCHUYLKILL WATER.

THE question of the purity of our city's water is always of paramount importance, and numerous indeed have been the schemes having for their object an abundant supply of water free from disease germs and deleterious material. A paper read before the American Philosophical Society (April 17) by R. Meade Bache, on the "Possible Sterilization of City Water," can lay claim at least to the merit of novelty. After discussing the action of the digestive fluids upon pathogenic germs, he praises the well known Anderson iron process for the purification of water, and then goes on to state a few experiments he made, which led him to consider electricity as a means of sterilization. He quotes the experiments made by Dr. A. B. Griffiths, of Edinburgh, who concluded that the bacillus tuberculosis was killed by 2.16 volts, the bacterium lactis by 2.26 volts, the bacterium aceti by 3.24 volts, at temperature of 16 C. the current being allowed to pass ten minutes. The author of the paper then reasons that if certain schizomycetes can be killed by such a small current acting for a relatively long period, why cannot they be killed by a much stronger current acting but momentarily? He then proposes that these results be applied to the question of the sterilization of water, suggesting the following plan: The water issuing from, as well as entering, the reservoir should be subjected to a powerful current of electricity by means of a contrivance consisting of a section of the same diameter as that of the pipe, insulating the poles from each other, and both from the general line of the pipe. The pipe itself being interrupted by a non-conducting section of a length to be determined on by the diameter of the pipe. This is certainly a method which has not yet been tried, and should it prove worthy of the confidence placed in it by its author, whose reasoning may seem a trifle fanciful, it might perhaps give us that essential of health, pure water.

ARBUTHNOT LANE, in the *Lancet*, describes a case of very severe pain in anterior extremity of urethra. No cause whatever could be found for it. No treatment seemed to have any effect. As a last resort the bladder was opened for exploration. On attempting to introduce the little finger into the prostate portion of the urethra, the greatest resistance was felt, and it was only after using much force that it was possible to dilate up this portion of the urethra. This dilatation seemed to completely cure the pain. In time, however, the pain returned, but much less severe than before. Forcible dilatation of the prostatic urethra relieved this pain, though it did not remove it.

## Letters to the Editor.

### MUTTER MUSEUM OF THE COLLEGE OF PHYSICIANS.

IN order to increase the usefulness of the Museum, and to add to its already remarkable collections, it is requested that the Fellows of the College and friends of the Museum in the profession generally, and public at large, will make it the repository of specimens which they possess, and which have anatomical or physiological interest.

All preparations or specimens of normal or pathological anatomy, models, illustrations, microscopic specimens, surgical apparatus, and materia medica and all antiquated or modern instruments will be gladly received. Every article donated will be plainly marked with the name of the donor.

GUY HINSDALE, *Curator*.

PHILADELPHIA, PA., May 1, 1891.

### JACKET FOR CHEST AFFECTIONS.

AN efficient and valuable addition to the treatment of chest affection in children is a suitable jacket. It is especially useful in treating the acute and catarrhal pneumonias in infants. The little article can be conveniently made by taking a piece of lint about 12x12, according to the size of the child, and folding it upon itself so as to make a strip about 12x6, leaving the smooth side outward. This is again doubled, making a square. In the side of the double fold of the goods, about three inches from the bottom, hollow out an arm's-eye (or half circle) of about three inches. Then slope a shoulder seam of one inch. Cut out the neck in a curve to suit the throat. Then slope a corresponding shoulder seam of one inch on the open side. Close the shoulder seam on the doubled side by overseaming together. The open side and the open shoulder seam is closed by means of short tapes sewn on the outside. It will fit more smoothly if the two thicknesses of lint are quilted together. This jacket can be put on without lifting the child, by simply putting the arm through the hole and fastening the tapes together on the opposite side. The jacket can also be varied according to individual preference, either by substituting a layer of cotton for the inside layer of lint, or, as some prefer, placing a piece of oiled silk between the two thicknesses of lint. The advantage of this jacket is that it is warm, cleanly and can be easily changed, if necessary, without disturbing the child. It also forms an excellent dressing for a fracture of the humerus or clavicle in very young children.

S. TRANER BUCK, M.D.

PHILADELPHIA, PA.

### LOW TEMPERATURES.

DR. N. P. BEAUCHAMP in the *Medical World*, for September, 1890, page 344, was struck when he found the temperature of one of his patients to be 95.5°. Of course such a low temperature of a body is not often met with. But when I recollect a case of the temperature of a patient, I can hardly believe it myself.

In a sombre day of March in the year 1881, at eleven o'clock in the morning, there appeared in the Jewish Hospital, in the city of Odessa, a patient thirty-five to forty years old, who applied for admittance; he complained of absence of appetite and general weakness. His pale face was rather sleepy and thoughtful; his voice very weak. Before the arrival

of the head physician the assistant physician took the temperature of that patient. When he took out the thermometer from under the axilla of the patient, he put it back again, thinking that perhaps he wrongly applied it the first time, as it showed only 32° C. When again he looked at the thermometer he found the temperature the same; this was rather astonishing, and suspiciously looking at the thermometer, he asked another assistant to try his temperature. But the very correct instrument of that physician showed only 32.2° C. I regret to say that I cannot recollect the diagnosis of that patient. Is it not even a more striking case?

Speaking about the temperature of the human body, I wish to state here a few observations of certain European scientists. The line of the oscillations of the bodily temperature observed in the human body does not exceed 8° C. says Wunderlich; the highest temperature which he observed was in a patient who suffered with tetanus, in the moment of death. It was 44.75° C. Alvarenga thinks 42° C. to be in rare cases; very rarely has he found 43° C., but 44° C. has never happened in his observations. The lowest temperature observed by Chardy, in a case of sclerema, was 22° C. Minieu, in the same disease, 23°. In most cases, says Wunderlich, the temperature in the axillary region, when properly protected, shows higher than 35°, rarely does it fall to 33° or 32° C. If in some diseases, in cholera for instance, the temperature on the surface of the body is 26° C, and even lower, yet according to other observations in the same disease it may be admitted that the temperature in the rectum and in the vagina was higher.

A long series of diseased conditions, as constipation, ischuria, amenorrhœa, often cause higher temperature; on the contrary, diarrhœa produced by purgatives, all kinds of losses of natural juices, severe vomiting produced by emetics, the influence of alcohol, some narcotics, and other more or less poisonous drugs, serve to lower the temperature of the body in a greater or lesser degree.

As to drugs it is proved that some of them diminish the temperature of patients suffering with fever, if, till their administration, the temperature was higher, namely: digitalis, veratrum, chininum, calomel, etc.

In children, nervous, hysterical women the temperature in diseases manifests great changes; not only slight impressions produce a strong increase, and more notable daily fluctuations of temperature than in adults and in men, but all other influences as well are productive of acute changes of temperature of the body. There is often increase of temperature during menstruation, in post-partum state, during dentition, in bodily or mental fatigue, and mental fatigue and mental depression.

After death appear different, sometimes very interesting, changes of temperature. In most cases it falls after death the more quickly, the lower the temperature of the body was at the moment of death. Alvarenga states in his book the changes of temperature after death in a case of a patient of fifty eight, who was admitted to his clinic when suffering with apoplexy, from which he died fourteen hours after. An hour before the death the temperature was 36.5° C. The thermometer, which always remains under the axilla, showed at 8.15 o'clock (a quarter of an hour after death) 35.6°, and afterwards every quarter of an hour following changes of temperature were observed until half past one P. M., when the mercury stopped at 15°. 35.6°, at 8.15 o'clock; 35.4°, 8.30 o'clock; 35°, 8.45 o'clock; 34.6°, 9 o'clock; 34°, 9.15 o'clock;

33.4°, 9.30 o'clock; 32.8°, 9.45 o'clock; 32.2°, 10 o'clock; 31.6°, 10.15 o'clock; 31°, 10.30 o'clock; 30.6°, 10.45 o'clock; 30°, 11 o'clock; 29.6°, 11.15 o'clock; 29°, 11.30 o'clock; 28.4°, 11.45 o'clock; 27°, 12 o'clock; 25.6°, 12.15 o'clock; 23.8°, 12.30 o'clock; 20.6°, 12.45 o'clock; 18°, 1 o'clock; 15.8°, 1.15 o'clock; 15°, 1.30 o'clock P. M.

Sometimes after death the temperature increases in a greater or lesser degree, even to such an extent that it exceeds the highest temperature observed during life. Jaccoud (*Traité de la pathologie interne.*, Tom. I, Paris, 1869) observed that in a slight increase of temperature after death (a few tenths of a degree) this increase takes place during an hour or little more, then it stops, and at last it begins to fall, at first slowly, with a gradual increase. If, however, the increase of temperature after death is great, and is actually higher than the normal temperature of a living person, then the falling of the temperature is slow, as is observed in cases of tetanus, of cholera, and generally in all cases of wasting fevers where the temperature increases until the last moment of life.

S. SEILIKOVITCH.

338 SPRUCE STREET, PHILADELPHIA.

## Book Notices.

**ELECTRICITY: ITS APPLICATION TO MEDICINE.** By WEL LINGTON ADAMS, M.D. 2 vols; pp. 219. Detroit: Geo. S. Davis. 1891.

With the exception of a very few sentences this book is devoted to the elucidation of electro-physics and electro-mechanics. It covers the ground fully, and is a guide to these problems which the physician may accept with confidence. Many points not generally comprehended by the general practitioner are herein set forth in clear and understandable style, and, if the book on electro-therapeutics which is promised by the author is as correct as the present, the combined volumes will form a compend at once desirable and needed. But one criticism occurs to us in the get-up of the books, which is, that it is a pity to put into paper binding what is quite worthy of strong and durable covers.

W. R. D. B.

**A NATURAL PHILOSOPHY.** The principles of science in everyday life. By G. P. QUACKENBOSCH, LL.D. Pp. 455; 8vo; cloth. New York, Cincinnati, Chicago: American Book Company. 1891.

This production of the well-known author is up to date in all the new discoveries in general science, and the text is so clearly written as to make the volume an admirable one for scholars even not advanced beyond the grammar school. The chapters on electricity and magnetism are admirably written, and they will be of great value to the reader. Astronomy, also, is fully taken up. The mechanical work of the printer and binder is excellent, and the numerous illustrations are very fine.

W. R. D. B.

**MATERIA MEDICA AND THERAPEUTICS.** With special reference to the clinical application of drugs. By JOHN V. SHOEMAKER, A.M., M.D. Vol. II. Being an independent treatise upon drugs. Philadelphia and London: F. A. Davis, Publisher. 1891. Cloth; pp. 650; royal octavo. Price, \$3.50.

The topics are arranged alphabetically, like the Dispensatory, thus facilitating reference, and avoiding repetition, while the requirements of the student

are met by inserting in the index. Garrod's classification, probably the best selection that could be made, There are some signs of hurry near the close of the volume, where the topics do not receive as full treatment as in the first pages. The work would be further improved by the addition of an index of diseases, such as Waring has employed to supplement his book on therapeutics. These are the faults. On the other hand, Dr. Shoemaker has given us a book filled with practical information, well-expressed, carefully collated, with excellent discrimination, and showing throughout the signs of a cyclopedic knowledge of therapeutic agents and the hand of a master in their application. It is the work of a clinician rather than a laboratory investigator. We recommend it to any of our readers who desire a thoroughly practical modern work on therapeutics.

**A TEXT-BOOK OF BACTERIOLOGY.** By CARL FRAENKEL, M.D., Professor of Hygiene, University of Königsberg. Third edition, translated and edited by J. H. LINSLEY, M.D., Professor of Pathology and Bacteriology, Medical Department of the University of Vermont; Demonstrator of Pathology and Bacteriology, New York Post-Graduate Medical School and Hospital, etc., etc. Octavo, 380 pages. Extra muslin, \$3.75. New York: William Wood & Company.

The thanks of the profession are due Dr. Linsley for presenting us the translation of Fraenkel's most excellent text-book. It deserves, and will receive, a hearty welcome.

**PHARMACOLOGY OF THE NEWER MATERIA MEDICA,** Part XI, February and March, 1891, contains observations on jequirity, Judas tree, kamala, kooso, kava, rava, kola nut, lamium album and lily of the valley, together with a brief resumé of properties, active principles, dose, etc.

## The Medical Digest.

**CHLORAL VS. IODINE FOR INJECTING CAVITIES.**—M. Marc See states that he has found a 10 per cent. solution of chloral hydrate to act equally as well as tincture of iodine as a coagulant for injecting hydroceles and other cavities, and to be devoid of the intense irritation and pain frequently caused by the latter. In hydroceles M. See injects about 30 gm. at once into the sac, repeating the operation two or three days later. He also uses the chloral solution as an injection in treating varicose veins, the introduction being made in the neighborhood of the varices.

**LARYNGITIS IN VOCALISTS—TREATMENT.**—First give a laxative. Then use a spray of a 1 per cent. solution of cocaine, accompanied by aconite and aromatic spirit of ammonia internally, and the use of a lozenge several times daily of:

R.—Morphinæ bimeconat. .... gr. 1½  
Cocainæ hydro-chlor. .... gr. 1½  
Tinct. aconiti ..... m. 8  
Rad. althe. .... gr. 1

M.—Make one troche.

If under this treatment the acute symptoms subside, strychnine will be prompt in restoring tone. In the morning of the day on which the patient is to sing, strychnine sulph., ½ gr., should be taken at breakfast and at noon-day. In the evening, before

departing to the concert,  $\frac{1}{10}$  or  $\frac{1}{30}$  gr. should be taken. These doses are very effectual, and are for an adult only. The use of alcohol for the voice is ruinous to its tone.—Faulkner, in *Kansas City Med. Record*.

**FÆTOR OF THE LOCHIAL DISCHARGES.**—Robert Broxall, in the *Practitioner*, sums up as follows:

1. That septic infection may take place without fætor.
2. That fætor may occur without sepsis or fever.
3. That fætor is more frequent in cases where the tissues are bruised and torn, and, therefore, in primiparæ and in operation cases.
4. That fætor is generally (though not invariably) associated with fever, but in such cases the fever almost invariably precedes the fætor by a considerable interval.
5. That the presence or absence of fætor is a very uncertain guide to the presence or absence of sepsis.
6. That in any case, as fætor invariably indicates a failure to maintain local asepsis, vigorous antiseptic measures should be at once instituted.
7. That the vulva and vagina should be first cleansed, and only when this has been done and where real necessity exists, should the cleansing be extended to the interior of the uterus.

#### THE TREATMENT OF RHEUMATIC HYPERTYREXIA.

—The occurrence of hyperpyrexia in acute rheumatism, though happily rare, is a complication of grave import, and demands active and immediate treatment.

We should rely solely on the employment of cold in reducing the excess of temperature, and not on drugs. Cases have shown that the earlier the treatment by cold, the more successful. The bath is best, the patient being lowered into it in a sheet, at a temperature of  $90^{\circ}$ – $100^{\circ}$  F., and then cooling by pieces of ice to  $60^{\circ}$ – $70^{\circ}$  F., and remaining in the bath until rectal temperature has fallen to  $101^{\circ}$ – $102^{\circ}$  F. The cold pack applied as usual may be preferable in conjunction with an ice bag along the whole length of the spine. The choice of method must depend on circumstances. While, however, recognizing the success that often follows the employment of cold in rheumatic pyrexia, we must remember that a number of deaths have been reported from shock in cases where the heart and tissues had already suffered too much from the excessive heat. In some cases also violent purgation has resulted. In treating acute rheumatism, should the temperature rise unduly, we should not waste valuable time by the administration of drugs, but endeavor to check it at once by the prompt application of cold.

—Herbert Male, in *The Practitioner*.

**AN ALLEGED CURE FOR TYPHOID.**—Another curious remedy has been paraded in the lay press of Melbourne for the cure of typhoid. The "discovery" is said to be due to the combined efforts of a surgeon and a bacteriologist. The former is credited with having demonstrated that chyle possesses remarkable antiseptic properties. He found that chyle effectually rendered odorless the foul smelling pus of a suppurating cavity. Bacteriological investigation then showed that chyle contains a bacillus, one of the yeast microorganisms known as "cerevisia," and that this same bacillus when placed in contact with "typhoid germs" cultivated apart from the human subject, acted very destructively upon the latter, also that the "cerevisia" could be taken into the human

body without any outward result. As the outcome of these revelations, steps were at once taken to inoculate typhoid patients with chyle, with, it is claimed by the author, complete success. The judgment of the staff of the Alfred Hospital is, that the remedy is negative. It is contended, however, that sufficient time has not yet elapsed for any conclusion to be drawn. There is, we admit, a "germ" of interest in the allegation that chyle possesses a microorganism at all. This is a subject to which bacteriologists in this country might well devote some attention, but whether the bacillus is likely to be of use in typhoid or other zymotic diseases is quite another matter.

—*Med. Press and Circular*.

**PARENCHYMATOUS ASPIRATION.**—This is a new method of diagnosis, consisting essentially in withdrawing, by means of a hypodermic syringe, certain products from pathological formations in solid tissues, and the examination of these products by the microscope. The following conclusions were formulated:

1. Parenchymatous aspiration is, when conducted with antiseptic precautions, in all new formations not necessitating visceral puncture, a harmless procedure.
2. When conducted with normal viscera, the method is rarely attended with danger owing to the elasticity of physiological tissues.
3. Hemorrhage may possibly follow the operation in disease of the viscera, owing to diminished tissue elasticity and pathological changes in the blood-vessels.
4. The necessity for a correct diagnosis justifies, in properly selected cases, the slight risks attending parenchymatous aspiration.
5. Parenchymatous aspiration is of value in the diagnosis of pulmonary tuberculosis with lung consolidation, in which the sputa fail to reveal the presence of the bacillus tuberculosis, as in obstruction of the bronchus leading to the consolidated area, or when the sputa are swallowed as occurs in children, or when the sputa are expectorated with difficulty as in senile subjects.
6. In pulmonary tuberculosis, when consolidation is present but no sputum, parenchymatous aspiration may furnish the earliest evidence of the disease.
7. Parenchymatous aspiration may be of value in the differential diagnosis of pulmonary consolidations when an examination of the sputum proves negative.
8. In surgical tuberculosis of the lymph glands, bones, joints, skin, testicles and other structures, parenchymatous aspiration is of undoubted importance.
9. It may be of value in the diagnosis of tumors, either superficial or deep seated.
10. In amyloid degeneration of the viscera, this method may furnish the only evidence of the affection.
11. In malaria, typhoid fever and other infectious diseases, puncture of the spleen may prove of inestimable value in diagnosis.
12. Leprous lesions of the external parts or viscera may be correctly diagnosed by the aid of parenchymatous aspiration.
13. The lesions of syphilis may be determined by means of this method.
14. Commensurate with our advanced knowledge in the domain of bacteriology, and the employment of methods for the more ready recognition of pathogenic microbes, parenchymatous aspiration as a diagnostic measure, will enhance in value.

—*Occidental Med. Times*.

THE *Lancet* describes four cases of tubercular meningitis in which paracentesis of the theca vertebralis was performed by Essex Winter for the relief of pressure. In some cases there was a temporary relief of symptoms, and each case showed ample reason for the fatal termination other than the operation.

DR. BROWN, in the *Provincial Medical Journal*, describes what he calls a catheter stricture. He states that "it is usually found just about the bulb, or about five inches down. The walls of the urethra appear to be inflamed, and in a state of spasmodic contraction; the mucous membrane has lost its polish and lubricity, and doubtless a certain amount of inflammatory deposit takes place around the affected part of the urethra." He has not yet verified this by a post-mortem examination.

IMMUNITY AGAINST INFLUENZA FURNISHED BY VACCINATION.—Dr. Goldschmidt, of the island of Madeira, investigated last year the effect of vaccination upon the liability to influenza. He found that no one of one hundred and twelve individuals upon whom revaccination had been successfully performed suffered from influenza, and of ninety-eight persons in whom the revaccination did not take, only fifteen had symptoms of the disease. He also quotes other cases, and attributes the immunity generally enjoyed by young children in epidemics of influenza to the influence of the first vaccination.—*Med. Record*.

We are still unfamiliar with the mode of manufacture of Koch's lymph, but Hueppe has made a liquid resembling it in appearance and effects by the following method: He cultivates the bacillus tuberculosis for six weeks in the following liquid:

Glycerine.....	5	per cent.
Peptone.....	10	"
Chloride of sodium.....	0.5	"
Meat, extract.....	0.1	"

This was concentrated by heat, and the resulting fluid was very similar to Koch's lymph.

—*Occidental Med. Times*.

MANNING, in the *British Medical Journal*, advises the following method of treatment in the ulcerated throats of scarlet fever and diphtheria:

A syringe holding 4 to 6 ounces is filled with this solution: Pulv. acidi boracis, 4 parts; glycerine, 3 parts. Heat, and mix thoroughly. A large tablespoonful of this is dissolved in a pint of water.

The nozzle of the syringe is directed well over the back of the tongue and forcibly emptied, receiving the water which rushes out of the mouth and nose in a small basin. This irrigation is done every two or three hours. He recommends this treatment from an experience of 1,500 cases.

TREATMENT OF SCARLET FEVER.—A treatment said to give striking results has been used in a number of cases. It is as follows: Internally the patient (a child of fourteen) was given every four hours five minims of the ol. of eucalyptus glob. in emulsion, to use every hour a gargle of carbolic and tannic acids suitably diluted, to undergo daily inunction with an emulsion of eucalyptus oil (3ss to f3j) made with glycerine to promote adhesion to the skin, and to have the scalp daily sprinkled with a lotion containing eucalyptol, with a small quantity of almond oil. This treatment is stated to have produced immediate effect.

—Thorne, in *Lancet*.

#### EXCISION OF ENTIRE TONGUE WITH SCISSORS.—

Excision through mouth.		Excisions preceded by laryngotomy or tracheotomy.		Excisions below the jaw.		Excisions with division of the jaw and those where portions of jaw were removed.	
79		9		9		7	
Simple uncomplicated excisions.		Excision with removal of floor of mouth, tonsils and glands.					
66		13					
Recovered	Died	Recovered	Died	Recovered	Died	Recovered	Died
63	3	9	4	7	2	2	7
						3	4

Total number of cases, 104; recoveries, 84; deaths, 20.—*Brit. Med. Jour.*

AFTER an extensive experience in the treatment of tuberculosis by tuberculin, Mr. Cheyne, in the *British Medical Journal*, publishes a series of cases exhaustively discussing them. He arrived at the conclusions:

1. That by means of a short preliminary course in lupus, tuberculin was of use in bringing into sight all the foci before more radical measures were undertaken.

2. That in tuberculous bone and joint disease he had but little hope of its being of any value as a preliminary treatment; but that, after ordinary surgical methods had been adopted, its subsequent use might be potent enough to demolish any small outlying foci which had been missed by the surgical procedures. And he went a step further in this direction, and thought that the extent of an operation might possibly be restricted, with the assurance that any small foci left behind could be afterward destroyed by the drug.

YET ANOTHER NEW TREATMENT OF PHTHISIS.—Now that the Koch treatment of tuberculosis no longer monopolizes attention, clinicians are striving to discover other methods of overcoming the dread bacillus. The latest is that of M. Germain-Sée, who shuts his patient up for two, three, or more hours daily in a hermetically closed metallic chamber, into which is slowly admitted a current of compressed air, which, having passed through a mixture of creosote and eucalyptol, is saturated with the vapor of these substances. Since August last ten cases of phthisis have been submitted to this treatment, all of which cases, with one exception, had reached the period of softening, and bacilli had been detected in the sputa. The results obtained were return of appetite—even in advanced cases—gain of weight and strength, fall of temperature to the normal in a week or two, disappearance of hæmoptysis, diminution of cough and of purulency of sputa, cessation of dyspnoea. It is claimed that the method reduces the malady to a purely local lesion, all the general symptoms disappearing, even though râles may persist. M. Sée related the history of seven of his cases, all of which were relieved, and some actually cured. The treatment has been found efficacious in fetid bronchitis (dilatation of the bronchi). It is worthy of note that the communication has been lying in a sealed envelope at the Académie de Médecine since November 4, 1890, the envelope having, at M. Sée's request, been opened at the last meeting of that learned body.—*Lancet*.

**INDIGO AS AN EMMENAGOGUE.**—Dr. J. L. Jones, in the *Medical Record*, describes a case of amenorrhoea which he cured by the exhibition of indigo. He ordered indigo, 3ij; sub-nitrate of bismuth, 3ss, well mixed. Of this the patient took one-half teaspoonful in one-third of a glass of water, for four weeks, when the menses reappeared without pain.

M. M. GRIMAUD and Armand have, it is stated in the *Med. Press and Circ.*, succeeded in producing a quinine by synthesis, which is said to be in every respect identical with the quinine of vegetable origin. They arrived at this result by treating a base obtained from the remigia pedunculata (cuprein) with sodium, and heating the compound thus obtained with chloride of methyl. The scientific interest of this discovery is certainly great, but the cost of manufacture must certainly be enormous.

**FOREIGN BODIES IN THE CORNEA** can be conveniently located by applying a small quantity of the following solution to the eye: Fluorescein, gr. v; sodii bicarb., gr. ijss; aquæ, f3ss. This solution, when applied to the eye—healthy or inflamed, produces no result, provided there is no abrasion of the corneal epithelium. If this latter condition exists, there is a greenish discoloration of the abraded surface, which will locate the seat of injury at once.

—*Memphis Journal*.

**CHAS. STEELE** describes a novel method for the "Extraction of Broken Needles," in the *Lancet* for May 9. He places a thick corn-plaster over the point of puncture, and, applying slight pressure, as with a wristlet or light spring; or, if the needle is in the foot, allowing the patient to use the limb. In the course of a week or ten days the needle is stated to work its way to the surface, much like the extraction of a thorn by means of a watch-key.

**URETHANE.**—Dr. Rademaker, in the *American Practitioner*, states that in the examination of large quantities of albuminous urine he has always met with a crystalline organic compound differing from the normal constituents of urine, and advances proof to the effect that this substance is identical with urethane; and, as urethane is well known to be a powerful narcotic, he advances the theory that to this substance the so-called "uræmic poisoning" in Bright's disease is due.

**A NEW ANTISEPTIC.**—The Paris correspondent of the *Lancet* describes a new antiseptic called "microcidine," which is composed of 75 per cent. of naphtholate of sodium and 25 per cent. of naphthol, and phenyl compounds. It is soluble in 3 parts of water; is not toxic or injurious to linen or instruments. The antiseptic properties of this compound are inferior to corrosive sublimate, but superior to carbolic acid and boracic acid, 10 and 20 times respectively. Microcidine is eliminated by the kidneys, and is antipyretic. The results are reported to have been excellent.

—*Lancet*.

**ALBUMINURIA CAUSED BY ANTIPYRINE.**—A gentleman came to a sanitarium with locomotor ataxia. His urine was so heavily loaded with albumin that it almost solidified on boiling. There was so much oedema of the lower extremities that he could hardly put on his shoes; and there was also considerable puffiness under the lower eye-lids. I found that he had been taking for some time, nearly every night large doses of antipyrine—often as much as sixty

grains a night. This would always stop the ataxic pains. I examined his urine twice a day, and found much albumin in the morning, and very little or none in the evening discharge. It was then, on questioning, I found out about the antipyrine. It was suspected that the antipyrine caused it, on account of there being no albumin in the evening. The antipyrine was stopped, and since then, the albumin has disappeared, and the oedema is much less.

E. L. Tompkins, *Va. Med. Monthly*.

**SCIRRHUS OF MAMMA IN THE MALE.**—D. McK., aged seventy years, was admitted in February, 1891, complaining of a hard swelling and pain in his left breast. He noticed while working, two and a half years ago, that his brace would rub against the breast and cause some pain. At this time a hard lump, about the size of a bean, could be detected just to the upper and outer side of the left nipple. One year ago it had increased to the size of a hen's egg, and patient had then to discontinue wearing braces. During the past year the tumor has grown very rapidly, and the tenderness has increased. Darting pains felt toward the axilla. Family history negative. His previous history was that of a very healthy man. The whole of the left mamma was found hard and swollen. Some enlargement of the left axillary glands could be detected. Swelling tender on palpation. No retraction of the nipple. Purplish hue over swelling.

The tumor was removed, also the left axillary glands. Primary healing took place only in parts of the wound, a slough of considerable size occurring at the outer end. Patient discharged about four weeks after operation.—*Maritime Med. News*.

**THE HAND SPRAY IN THE TREATMENT OF FEVERS.**—In the treatment of typhoid and malarial fevers, and in all conditions of hyperpyrexia, where the heart's action is too feeble to permit the administration of antipyrine or phenacetine or antifebrine, and where an immediate reduction of the temperature is necessary, I have, for the past fifteen months, employed the hand-spray.

I use an apparatus that throws a continuous spray, and a solution composed of one drachm of aromatic spirits of ammonia, one drachm of table salt to a pint of warm water. The patient is stripped, and is sprayed from head to foot. The upper portion of the body is first sprayed; and while an assistant, with a towel, is drying this, the lower extremities are subjected to the same treatment.

After the patient had been thoroughly dried, he is covered with a blanket, and soon falls into a calm, refreshing sleep, followed by perspiration, a reduction of the temperature, and a stronger and slower pulse. The relief thus obtained is of course only temporary, but it is just so much gained; and in the treatment of febrile conditions, experience has taught me that "every little is a help."

The advantages of this method over the wet-pack and sponge-bath are obvious. It is easier to handle; it is not necessary to disturb the patient; it is more elegant, more refreshing, and equally as effective.

I have recently used this in the treatment of a young Englishman who came here from Demerara suffering with "jungle fever," and I never failed to reduce the temperature two or three degrees. But it is in treatment of typhoid and continued fevers, where the patient's life frequently depends upon an immediate reduction of the temperature, that this method has been found particularly useful.

—J. F. Lynch, *Va. Med. Monthly*.

At the closing meeting of the Glasgow Philosophical Society, held on the 29th ult., a very interesting report was given by Prof. McKendrick, of the University, and Dr. Wm. Snodgrass, on "The Physiological Action of Carbon-monoxide of Nickel, Ni (CO)." This substance, lately discovered by Mr. Ludwig Mond, is a clear, colorless liquid, and, when exposed to the air, it readily evaporates and decomposes into metallic nickel and carbonic oxide. It is intensely poisonous, and when present in the atmosphere to the extent of  $\frac{1}{2}$  per cent., proves fatal to animal life. When injected subcutaneously, even in very minute quantity, it acts as a respiratory poison, giving rise to symptoms similar to those produced in carbonic oxide poisoning. The spectrum of the blood of an animal poisoned with it is similar to that of carbonic-oxide hæmoglobin. Uniting with the hæmoglobin of the blood, it apparently prevents the tissues from being supplied with a due amount of oxygen, and, oxidation being interfered with, there is a large and prolonged fall of temperature. The extremely poisonous nature and proneness to decomposition of the substance render it as yet unsuitable as an antipyretic, but means may be devised of diluting it, so that it may be of value in the reduction of high temperature of the body.—*Hospital Gazette*.

**GALVANISM IN AMENORRHOEA.**—Strong, in the *Boston Medical and Surgical Journal*, April 16, speaks of a type of patients where various subjective symptoms, especially disturbances of the vaso-motor system and other reflex phenomena are presented in connection with amenorrhœa. Physical explanation, as by mal development, displacement or recognizable abnormality in the uterus itself, or its adnexa, is lacking. The patients are strong, healthy-looking women, not the victims of anæmia or organic disease. When married they are sterile. The reflex nervous symptoms presented are akin to those accompanying the menopause. Cephalic pains, inaptitude for the usual employments, depression, perhaps even tinged with melancholy, sleeplessness, and kindred disorders exist. As regards the medical treatment of these cases it is useless. Local measures, while productive of some slight amelioration in some of the cases, as a rule, fail to do any good. The galvanic current, however, will give relief to the subjective symptoms from which these patients suffer, although the certain induction of the catamenial flow cannot be promised. The method of application has been the introduction of an intra uterine electrode insulated to within an inch of its point which is made of platinum, a broad abdominal electrode of zinc covered with cotton. The current varies from fifteen to forty milliampères. The positive pole is abdominal, and is applied alternately over either ovarian region for fifteen minutes. Immediately, and for about twenty-four hours after the application, a brown discharge escapes from the uterus. Occasionally very disagreeable crampy pains are produced, but otherwise no ill effects have been noticed.

**FORMS OF AMENORRHOEA WITH TREATMENT.**—Primitive amenorrhœa, a condition when the function has never been established, may be said to exist when a girl has reached the age of sixteen or seventeen without the appearance of menstruation. Frequently this is accompanied by general symptoms, such as rush of blood to the head, persistent headache, palpitation of the heart, dizziness, frequent nose bleed, and local symptoms of periodical attacks of pain in the lower abdomen, leucorrhœa, painful swelling of

the breasts and disturbances of micturition. If these do not exist, and the patient is robust and well-developed, no treatment is indicated. If the patient is suffering in consequence of its non-appearance, treatment is indicated. In the majority of such cases general measures are sufficient. An examination should be avoided, if possible. The main reliance in treatment should be placed upon iron, aided by a rigid observance of the laws of hygiene. Electricity is of service in some of these cases, faradization being the preferable form. It may be applied from the abdomen through to the back, placing the abdominal pole, which may be indifferently either positive or negative, alternately over each ovary, or over the uterus itself.

Acquire amenorrhœa is most commonly due to pregnancy. A few cases of amenorrhœa present themselves where a mental shock seems to be the determining cause. Persistent amenorrhœa sometimes follows confinement, even though the woman does not nurse her child. The pathological condition here seems to be super-involution. A common cause, especially in the emigrant population, is the change of climate experienced in changing from one country to another. Then, at times, there is a direct connection between amenorrhœa and obesity. The treatment of the acquired form of amenorrhœa does not differ essentially from that of the primitive form, tonic and supporting measures, the judicious use of electricity, and in the cases accompanied by obesity; efforts to reduce the fat, as far as possible, should be resorted to.—Davenport, in *Boston Med. and Surg. Jour.*, April 16.

**TREATMENT OF DEFORMITIES FOLLOWING INFANTILE SPINAL PARALYSIS.**—In an abstract of a paper read at the Tenth International Congress, Berlin, 1890, De Forest Willard gives the essentials of the surgical and mechanical treatment of the deformities following infantile spinal paralysis. These deformities are produced by muscular atrophy, degeneration, and contracture, together with want of bone-growth, and the distortions which result from locomotion. The deformities are frequently so great that the individual spends his life upon the floor, and the members become so misshapen that they are mechanically unsuited for locomotion, even could muscular power be restored. Surgical measures offer the most rapid and efficient hope for relief in these conditions, and they may be classed under the heads:

1. Tenotomy.
2. Myotomy.
3. Division of contracted fasciæ and other tissues.
4. Force.
5. Resection.
6. Osteotomy.
7. Amputation.

The first four procedures are frequently combined as one operation. Resection is sometimes desirable at the knee where there is great bone-distortion, and in frail limbs in order to secure a stiff walking member. Dr. Willard's conclusions are:

1. Even the severe resultant deformities of infantile paralysis are capable of being benefited by the skilful employment of surgical measures and mechanical appliances. No case with fairly strong upper extremities should remain in helpless cripplehood, since even crutch locomotion is far preferable to a life upon the floor or upon the bed.
2. The deformities following infantile paralysis can be largely prevented by the early use of some form of apparatus.

3. Surgical measures in long-standing cases should usually precede mechanical appliances, since pain and time are thereby saved, and the resulting limbs are in nowise inferior to those obtained by the slower process of mechanical rectification.

4. The surgical measures to be employed are tenotomy, myotomy, division of the fasciæ, application of force, and resection. Osteotomy and amputation are sometimes necessary.

5. Mechanical appliances should be used to retain the limb in proper position, but they should not interfere with the circulation of the member. Crooked limbs can often be straightened so as to be made a part of the apparatus, and the muscles of these limbs should be compelled to do their full extent of work in supporting the body. The apparatus must frequently be made to support a large portion of the weight of the body, the helpless, frail-like limbs being accessories.

6. No case should be abandoned without the most careful and repeated attempts of rectification, as even feeble locomotion will in time become greatly improved by exercise in walking, and the health and happiness of the individual will thereby be greatly increased.—*Am. Jour. Med. Science*, May, 1891.

## Medical News and Miscellany.

THE *British Med. Journal* of May publishes a draft of a supplemental charter for the University of London.

INFLUENZA has made its appearance in England as well as in America, and cases are reported in most towns.

DR. CARL H. VON KLEIN has removed from Dayton to Cleveland, Ohio, and has located at 122 Euclid avenue, rooms 25 and 26.

WHAT a wonderful age we live in, to be sure! Here within a few weeks we have seen pictures of sounds and have heard colors!

DR. W. M. POWELL will remove permanently from Philadelphia to No. 26 South Indiana avenue, Atlantic City, New Jersey, June 1.

OUT of all the candidates coming before the Examining Board of the U. S. Marine Hospital Corps, at its last session, not one was successful.

BARON HIRSCH has sent a check for £1,000 to the North-West London Hospital, which has been in financial straits for some time past.—*Hosp. Gaz.*

It is announced that Professor Koch is preparing a reply to all the criticisms that have been made on his method. Professor Virchow's objections are to be dealt with in detail.

THE managers of the Royal Infirmary have reserved one hundred and ten beds for the exclusive instruction of women students, especially those of Queen Margaret College, Glasgow.—*Hosp. Gaz.*

MAYO ROBSON quotes the result of ten cases of large tuberculous abscess associated with bone disease, in support of the treatment by aspiration and injection of a solution of iodoform in ether.

D. D. CUNNINGHAM, of Calcutta, has published a paper in which he states that he has isolated ten different species of cholera comma bacillus, and that Koch's theory that cholera is primarily due to the access of a specific comma bacillus to the interior of the intestinal tract must be finally abandoned.

ALTHOUGH we expressed some doubt, in our last issue, about the cases of influenza reported in the Maritime Provinces being true influenza, we must now state our belief that there have been among us within the last few weeks, cases of genuine la grippe.—*Maritime Med. News.*

TUBERCULOSIS FROM CIGARS.—It is stated that a German physician, on examination of a number of cigar tips, found that many of them were infected with tubercle bacilli. The makers were tuberculous, and in the manufacture of the cigars moistened the tips with their saliva.—*Hosp. Gaz.*

A WORD TO AURISTS.—An invitation is given to all aural surgeons to send a brief statement of their views and experiences concerning the operation for excision of the drum head or ossicles. A prompt contribution to this consensus of opinion, for early publication, will be appreciated. Address S. S. Bishop, 70 State street, Chicago.

PROFESSOR D. B. ST. JOHN ROOSA, President of the New York Post-Graduate Medical School and Hospital, visited the new building of the Philadelphia Polyclinic on Wednesday to study the construction of that building with reference to making additions and improvements in the institution of which he is the presiding officer.

A GLASGOW doctor, in his will, leaves the whole of his estate to his two sisters, and then inserts this extraordinary clause: "To my wife, as a recompense for deserting and leaving me in peace, I expect the said sister Elizabeth to make her a gift of 10s. sterling, to buy a handkerchief to weep in after my decease." The wife, however, has yet to be heard from.

MUSCÆ VALITANTES.—This annoying phenomenon, so frequent in myopia and in conditions affecting the inner coats of the eye, is happily relieved, says the *Gazette des Hôpitaux*, by the following treatment, that must be persisted in for some time. It consists in the daily instillation into the eyes of a solution of one part of potassium iodide in two hundred parts of distilled water.—*N. Y. Med. Journal.*

OUR readers have been fully informed as to the Gibbs-Shurly method of treating tuberculosis. Messrs. Parke, Davis & Co. announce that, at the request of Dr. Shurly, they have prepared solutions of chemically pure iodine and chloride of gold and sodium, which are put up in one ounce bottles, and will furnish physicians with clinical reports embracing the method of using these remedies.

AN epidemic, the exact nature of which official inquiries had failed to determine, was raging in Canton on the despatch of the last mail. The disease, whether cholera or influenza, was generally attributed to long-continued drought. It is stated that hundreds of both sexes were falling victims daily, undertakers being unable to turn out in sufficient numbers coffins in which to bury the dead.—*Hospital Gazette.*

OWING to the numerous deaths from the effects of chloroform for some time past, the jury at an inquest at St. Thomas' Hospital thought fit to enjoin on the hospital authorities the necessity for greater precaution in the examination of the heart before administering the anæsthetic. As a matter of fact, however, the examination of the heart renders but little assistance in foretelling disaster.—*Hosp. Gaz.*

A RUMOR reaches me which, however, I have not yet had time to authenticate, that at one of our metropolitan hospitals recently a young surgeon, who is making a considerable reputation as a bold operator, performed an operation of such a formidable character that the attendant, when asked to take the patient back to his bed, walked off with that portion of the body, which ultimately found a resting place in the pathological museum. Surgery appears to be advancing in this country "by leaps and bounds."

—*British Sarcasm.*

THE French Society of Hygiene offers a gold medal of 200 francs, a silver medal and two bronze medals, to the authors of the best essays on the following subject:

"What is the best course to pursue before the arrival of a surgeon in cases of persons who are the victims of accidents in large factories or on the public streets."

For further details the Society may be addressed at its office, 30 Rue de Dragon, Paris.

DR. J. MOUNT BLEYER has made a special study of the phonograph in connection with diseases of the throat. He is now busying himself with the perfecting of an acoustic or phonetic alphabet, and the proper method of recording and reproducing the normal and abnormal heart sounds. Dr. Bleyer, speaking of the phonograph, said: "The whole of 'Nicholas Nickleby' can be recorded upon four cylinders each four inches in diameter and eight inches long. One of these instruments in a family or in a hospital could, by the aid of a multiple ear-piece, be made to read a book to a number of persons."

THE SOUNDS OF COLORS.—A beam of sunlight is made to pass through a prism, so as to produce the solar spectrum or rainbow. A disk, having slits or openings in it, is made to revolve, and the colored light of the rainbow is made to break through it and fall on silk, wool, or other material contained in a glass vessel. As the colored light falls upon it, sounds will be given by the different parts of the spectrum, and there will be silence in other parts. If the vessel contains red worsted, and the green light flashes upon it, loud sounds will be given. Only feeble sounds will be heard when the red and blue parts of the rainbow fall upon the vessel.

IMPORTANT IMPROVEMENT IN MICROSCOPIC LENSES.—It is stated that an immense improvement has recently been effected in the manufacture of glass for optical instruments, by means of the addition to the ordinary materials of phosphorus and chlorine, which in some, as yet unexplained, way cause the glass to be very much more transparent, and enable it to receive a much higher degree of polish than any optical glass hitherto manufactured. Thus microscopes can be made which will render objects of the diameter of only the one-eight millionth of a millimeter visible, whereas with the best instruments now in use the diameter of the smallest object that can be seen is one-sixteenth thousandth of a millimeter.—*Lancet.*

PARKIN PRIZE ESSAY.—In terms of the bequest made to the Royal College of Physicians of Edinburgh, by the late Dr. John Parkin, Fellow of the College, a prize has been offered for the best Essay "On the Curative Effects of Carbonic Acid Gas or other Forms of Carbon in Cholera, the Different Forms of Fever, and other Diseases." The prize is of the value of one hundred pounds sterling, and is open to competitors of all nations. Essays intended for competition, which must be written in the English lan-

guage, to be received by the secretary not later than December 31, 1892. Each essay must bear a motto, and be accompanied by a sealed envelope bearing the same motto outside and the author's name inside. The successful candidate must publish his essay at his own expense, and present a printed copy of it to the college within the space of three months after the adjudication of the prize.—*Practitioner.*

ILLEGAL PRACTICE OF MEDICINE ON A DEAD BODY (*Gazette Hebdom. des Sciences Médicales*).—A singular question has recently arisen as to the rights of an unqualified practitioner to perform a surgical operation on a dead body, and was brought before the tribunal of Espalion, which has decided in the negative. The circumstances are as follows: A woman, named Riols, had died at the hamlet of Sarrahan. The curate of the parish, who had administered the customary rites of the Church, was in the chamber of death with a neighbor, and persuaded him to perform a Cæsarian operation to endeavor to save the child, the woman being pregnant. The operation was performed successfully, and the child lived. The amateur surgeon was summoned before the tribunal and sentenced to pay a fine of fifteen francs for illegal exercise of medicine.

—*Provincial Med. Journal.*

#### KING'S ROYAL GERMETUER.—

Mix:

Sulphuric acid.....	2 oz.
Water saturated with sulphuretted hydrogen.....	1 oz.
Hydrant or well water to make....	1 gal.

Adding first the acid to the water, and then the sulphuretted hydrogen, you will have a compound that will give the chemical and physiological effects of this great "honest medicine for the people."

Thus it will be seen that this "honest medicine for the millions" can be made at a cost of less than six cents a gallon, yet this great scientist and philanthropist only asked the "dear people" \$40 per gallon at first; he then fell, for philanthropic reasons alone, to \$24, and now, as his love is increasing, he has again reduced the price to \$16 per gallon, or \$1 for an eight-ounce bottle.—*Dixie Doctor.*

ANOMALIAS ANATÓMICAS DEL APARATO GENITAL DE LA MUJER.—Dr. D. Juan Soler y Buscallá (*Barcelona*).—The moral advantages of a double vagina: As health officer the author was examining a woman of the town, but, after passing the speculum, could see nothing of the uterus, although its existence had been proved by the birth of two children. Noticing his perplexity, the patient, a lively young Frenchwoman, said with the utmost nonchalance: "You won't find what you are looking for down there, señor; I have two passages with one entrance, and you have taken the wrong turning—permit me." A little manoeuvre, and there was the os plainly enough! A more exact examination showed that she had a double vagina, the septum a thin lax membrane, with which she could deftly shunt the speculum into a *cul-de-sac* or on the uterus at will. And, then, after entreating that her secret should not be disclosed, she explained with engaging frankness the advantages of this novel arrangement: "You should know there is a young fellow who adores me; for him I reserve the true passage. Do you think I would allow any one else to enter there! No, señor, I respect myself too much. But the other is at the service of my friends, there they may innocently divert themselves as much as they please."

—*Provincial Med. Journal.*

WEEKLY Report of Interments in Philadelphia,  
from May 9 to May 16, 1891:

CAUSES OF DEATH.		CAUSES OF DEATH.	
Adults.	Infants.	Adults.	Infants.
Abcess.....	4	Influenza.....	7
Alcoholism.....	3	Inflammation bladder.....	1
Apoplexy.....	16	" brain.....	15
Asphyxia.....	1	" bronchil.....	6
Asthma.....	1	" kidneys.....	3
Bright's disease.....	17	" liver.....	3
Burns and scalds.....	1	" lungs.....	22
Cancer.....	12	" pericardium.....	3
Casualties.....	3	" peritoneum.....	1
Cerebro-spinal meningitis.....	1	" s. & bowels.....	2
Congestion of the brain.....	1	" spine.....	8
" lungs.....	2	Jaundice.....	1
Cholera infantum.....	3	Leucocythemia.....	1
Cirrhosis of the liver.....	3	Locomotor ataxia.....	1
Consumption of the lungs.....	49	Mania a potu.....	1
Convulsions.....	16	Marasmus.....	15
Croup.....	7	Measles.....	1
Cyanosis.....	3	Neuralgia, heart.....	1
Debility.....	5	Obstruction of the bowels.....	1
Diabetes.....	2	" Old age.....	19
Diphtheria.....	11	Purpura Hemorrhagica.....	1
Disease of the heart.....	25	Paralysis.....	3
" spine.....	2	Poisoning.....	1
Drowned.....	1	Stricture of Esophagus.....	1
Dropsy of the brain.....	2	Sclerosis.....	1
" chest.....	1	Scrofula.....	1
Dysentery.....	3	Septicemia.....	2
Erysipelas.....	1	Softening of the brain.....	3
Enlargement of the heart.....	1	Shock, surgical.....	2
Fatty degeneration of the heart.....	2	Suffocation.....	1
Fatty degeneration of the kidneys.....	1	" illuminating gas.....	1
Fever, malarial.....	1	Suicide.....	2
" scarlet.....	11	Syphilis.....	1
" typhoid.....	9	Teething.....	3
Gangrene.....	1	Tumor.....	1
Hemorrhage.....	1	Ulceration of the throat.....	3
Insanition.....	1	Uremia.....	3
		Whooping cough.....	6
		Total.....	265 201

THE Apollinaris Spring was discovered in 1851 by Herr Kreuzberg, who had a vineyard near the river Ahr. He noticed that his vines would not flourish in a particular spot, and learned that carbonic acid gas issued from the ground there. A well was sunk, and at the depth of forty feet a spring was reached. The peculiarity of the spring consists in its containing such an extraordinary proportion of carbonic acid gas as to cause the water to boil upward as if it had been forced from below under strong pressure. The volume of gas is so great that it is dangerous to approach the spring on a windless day. In 1873 an English company was formed to bottle and export the water. The temperature of the spring is 68 F. The water is drawn from a depth of fifty feet below the surface, and mixed with the gas, which has been collected and stored under pressure. In 1873 about 2,000,000 bottles were filled. Last year 16,000,000 were used. The corks last year weighed 57 tons. Four hundred and fifty persons are employed filling 91,000 bottles a day.

MEDICAL JOURNAL MAKING.—Until within a comparatively recent period, this business was monopolized by a few college professors and medical book sellers, who were content to jog along in beaten paths at a pace that made progressive physicians exceedingly nervous. They filled their journals with prosy matter that served as a post-prandial soporific to the average reader who attempted to wade through their monotonous pages. No amount of prodding seemed to stimulate them. Enterprising manufacturing pharmacists and surgical supply dealers, growing impatient at such long continued lethargy, entered the field and put their brains and energies into the work of journal making. The old stagers held up their hands in holy horror, but their enterprising neighbors had come to stay, and they are with us yet, and what has been the result? A comparison of the medical journals of to-day with those printed twenty years ago shows

that wonderful progress has been made in their mechanical as well as literary make-up. Much newspaper spirit has been injected into their columns, and readers peruse them with pleasure and profit.—*Dixie Doctor.*

## PATENTS, ETC., on medical subjects:

Accouchment apparatus for instruction.....M. Klautsch.....Halle-on-the-Salle, Germany.  
Atomizer.....J. Schoettl.....Brooklyn, N. Y.  
Dental cotton-pellet machine.....R. N. Roberts.....Rockville, Conn.  
Hair- tonic.....M. McGillyvroy.....Vancouver, Canada.  
Hair- tonic.....L. C. Peters.....Wallacetown, Pa.  
Artificial musk.....A. Bauer.....Gispersleben, Ger'y.  
Truss.....W. M. Greenlee.....Pittsburg, Pa.  
Feeder for charging liquids with chemicals.....A. J. West.....Chicago, Ill.  
Dental matrix.....C. A. Meister.....Allentown, Pa.  
Inhaler.....G. Elliott.....Meadville, Pa.  
Obstetrical forceps.....W. H. Hamilton.....Brooklyn, N. Y.  
Making sodium and potassium.....H. Y. Castner.....London, England.  
Surgical Electrode.....J. H. Gunning.....New York, N. Y.  
Vaginal syringe.....J. W. Haughwout.....Omaha, Neb.  
Artificial teeth.....E. C. Taylor.....Humansville, Mo.

## TRADE-MARKS.

Eye-water. (The words "Taylor's Yellow Water;" a star and a human eye).....A. L. Taylor & S. A. Way.....Hawkinsville, Ga.  
Hair- tonic. (The word "Herbalone").....Mary W. Denike.....New York, N. Y.  
Effervescent Carlsbad powder. (A rock standing out prominently from the surrounding landscape, and a deer on top of said rock).....S. Kutnow & Co.....London, England.  
Liquid expectorants. (A circular band having an ornament at its lower pole and a scroll with inwardly-coiled terminals, the words "Syrup of Pineapple Expectorant" and the words "Southern Medical Institute").....W. D. Rea.....Louisville, Ky.  
Fluid medicines containing pepsin, pancreatine, caffeine, and celery. (The word "Pan-Peptic").....Sharp & Dohme.....Baltimore, Md.  
Headache powders. (The facsimile signature of "W. Scott Taylor").....W. S. Taylor.....Trenton, N. J.  
Salves, pills etc. (The word "Sunbeam").....Wheatley Bros.....Chicago, Ill.  
Pills. (The representation of a small man shown inside the picture of a larger one).....R. Hudnut.....New York, N. Y.  
Remedy for rheumatism, gout, and neuralgia. (A serpent coiled in a circle and the letters "J. W.").....A. Lilly.....Baltimore, Md.  
Liquid remedy for chapped face and hands.....H. Lambeck, Jr.....Milwaukee, Wis.  
Liniments, ointments, and salves. (The word "Axtel" and the representation of a horse's hoof, a horse, and two whips).....The Superior Horse Foot Oil Co.....Chicago, Ill.

## LABELS.

"Quinine Tonic".....Quinine Tonic Co.....Louisville, Ky.  
"Crocker's Magical Stomach Powders".....J. D. Crocker.....Norwich, Conn.  
"Dumestre & Heintz's Southern Ginger Tonic".....Dumestre & Heintz.....New Orleans, La.

CHARLES J. GOOCH, Patent Attorney.

LOCK BOX 76, WASHINGTON, D. C.

## "GOD HELP THE RICH—THE POOR CAN STEAL."

Under this startling head line the *Fraternal Monitor* reprints a review of the report of the Insurance Commissioner of the State of Missouri, for the year 1889, in which he sounds a note of alarm to arouse business men, farmers and mechanics to a sense of the danger threatened by the enormous growth of corporate capital and power.

For hundreds of years fraternal and co-operative associations have been gradually forcing themselves upon the people, and as we advance in civilization and education, especially the middle and poorer classes find growing upon them more and more the necessity for organization which shall provide protection from the grinding oppression practised by the rich and powerful of the earth. In our own country advancement has been more rapid than in any other, because our political and social life is better adapted to this growth.

The Farmers' Alliance in the West, unwieldy and crude as it is, in many respects, has made itself felt all over the country. Various labor organizations have caused more uneasiness than any other one thing that has happened in our country since the war of the rebellion. These forces are brought about by the restlessness of the people who are dissatisfied with their condition, or rather are determined, in some manner, to put a stop to the rapid growth of the wealthy corporations.

On the first day of January, 1890, thirty-four insurance companies of the United States, doing business in the State of Missouri, showed assets of \$700,000,000. This stupendous amount had been collected from policy holders, over and above the sum necessary to pay all death claims, endowments, surrender values, annuities and expenses of all kinds, and this accumulation has only assumed such vast proportions recently.

In 1859 there were fourteen companies with \$20,000,000; ten years later there were sixty-nine companies with \$180,000,000; in 1879, thirty-one companies had \$336,000,000, and at the close of 1889, as before stated, thirty-four companies had \$700,000,000.

The same writer has made an interesting calculation, in which he says that with no new insurance, and no termination of policies, except by death, in twenty odd years these same companies would have \$1,900,000,000.

The possession of this enormous amount of money carries with it so much power that it is not surprising that the people should become alarmed, and for their own protection organize their own societies to carry out the purposes for which these companies were originally organized, and by making their charges less than one-half, and distributing their surplus, accomplish additional good for all classes of people.

It is said that the fraternal and co operative or mutual associations cannot be successful, and yet it is a fact that of the companies above mentioned the Mutual Life, the New York Life, the Penn Mutual, the Mutual Benefit of New Jersey, the Connecticut Mutual, the Massachusetts Mutual, the Northwestern of Milwaukee, represent over \$500,000,000 of assets, and were organized as purely mutual companies, not one of the promoters ever put up a dollar, there never was a dollar of capital, there never was a dollar of personal responsibility, and yet who would say that eight companies with \$500,000,000 of surplus have not proved successful?

## Army, Navy & Marine Hospital Service.

*Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from May 3, to May 16, 1891.*

By direction of the acting Secretary of War, Lieutenant-Colonel Dallas Bache, Surgeon, is relieved from duty as a member of the Army Medical Examining Board, New York city, and will return to his proper station, Omaha, Neb., and resume his duties as Medical Director, Department of the Platte. Par. 5, S. O. 108, A. G. O., May 12, 1891.

By direction of the acting Secretary of War, the extension of ordinary leave of absence granted Captain Henry P. Birmingham, Assistant Surgeon, in S. O. 81, A. G. O., April 10, 1891, from this office, is changed to leave of absence on account of sickness, to date from May 1, 1891. Par. 4, S. O. 108, A. G. O., May 12, 1891.

Lieutenant-Colonel James C. McKee, Surgeon, having been found incapacitated for active service by an Army Retiring Board, is, by direction of the acting Secretary of War, granted leave of absence until further orders, on account of disability. Par. 11, S. O. 106, A. G. O., Washington, D.C., May 9, 1891.

Captain Louis A. LaGarde, Assistant-Surgeon, is relieved from duty at Fort Assiniborne, Montana, and will report in

person to the commanding officer Fort McHenry, Md., for duty at that post, relieving Major Charles B. Byrne, Surgeon. Major Byrne, on being relieved by Captain LaGarde, will report in person to the commanding officer Fort Assiniborne, Montana, for duty at that post. Par. 14, S. O. 102, A. G. O., May 5, 1891.

Major Joseph B. Girard, Surgeon, is relieved from duty at Alcatraz Island, California, and will report in person to the commanding officer Benicia Barricks, California, for duty as Post-Surgeon at that post, and Attending-Surgeon at Benicia Arsenal, California, relieving Major John H. Janeway, Surgeon. Major Janeway, on being relieved by Major Girard, will repair to Philadelphia, and assume the duties of Attending-Surgeon and Examiner of Recruits in that city, and in addition to his duties in Philadelphia will perform the duties of Post-Surgeon, Frankford Arsenal, Pa. Par. 14, S. O. 102, A. G. O., May 5, 1891.

First Lieutenant Julian M. Cabell, Assistant-Surgeon, is relieved from duty at Fort Niobrara, Nebraska, and will report in person to the commanding officer Fort Bedford, North Dakota, for duty at that post, relieving Major Valery Havard, Surgeon. Major Havard, on being relieved by Lieutenant Cabell, will report in person to the commanding officer Fort D. A. Russell, Wyoming, for duty at that post. Par. 14, S. O. 102, A. G. O., May 5, 1891.

By direction of the acting Secretary of War, paragraph 5, S. O. No. 24, January 29, 1891, from this office, granting Major Julius H. Patozki, Surgeon, six months' leave of absence, is so amended as to grant said leave on surgeon's certificate of disability. Par. 15, S. O. 99, A. G. O., May 1, 1891.

Captain William P. Kendall, Assistant-Surgeon, is relieved from duty at Fort D. A. Russell, Wyoming, and will report in person to the commanding officer Fort Douglass, Utah Territory, for duty at that post. Par. 14, S. O. 102, A. G. O., May 5, 1891.

*Changes in the Medical Corps of the U. S. Navy for the two weeks ending May 16, 1891.*

BRADLEY, G. P., Surgeon. Detached from "Mohican," and placed on waiting orders.

WALTON, T. C., Medical Inspector. Ordered to Naval Academy to examine applicants physically for admission.

BRIGHT, GEO. A., Surgeon. Order to Naval Academy to examine applicants physically for admission.

STEELE, J. M., Passed Assistant-Surgeon. Ordered to Naval Academy to examine applicants physically for admission.

DICKSON, S. H., Surgeon. Ordered to the "Constellation."

LEACH, PHILIP, Past Assistant-Surgeon. Detached from Naval Academy, and to the "Constellation."

RUSH, W. H., Passed Assistant-Surgeon. Detached from "Saratoga," and prepare for sea.

ATLEE, S. W., Passed Assistant-Surgeon. Detached from Navy Yard, League Island, and to "Saratoga."

BROWNELL, C. DE. W., Assistant-Surgeon. Ordered to Navy Yard, League Island, Pa.

STREETS, P. H., Surgeon. Detached from Naval Examining Board, and prepare for sea.

MACKIE, B. S., Surgeon. Ordered as member of Naval Examining Board.

CURTIS, L. W., Passed Assistant-Surgeon. Detached from Naval Academy, and to the Practice Ship "Constellation."

LEACH, PHILIP, Passed Assistant-Surgeon. Orders to U. S. Practice Ship "Constellation" revoked.

*Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service for the week ending May 9, 1891.*

AUSTIN, H. W., Surgeon. Detailed as Chairman of Board for Physical Examination of Candidates for Appointments, Revenue Marine Service. May 9, 1891.

CARRINGTON, G. M., Passed Assistant-Surgeon. Granted leave of absence for twenty-three days. May 5, 1891.

BRATTON, W. D., Passed Assistant-Surgeon. When relieved at Portland, Oregon, to proceed to Chicago for duty. May 9, 1891.

MAGRUDER, G. M., Passed Assistant-Surgeon. Detailed as Recorder of Board for Physical Examination of Candidates for Appointments, Revenue Marine Service. May 9, 1891.

CONDICT, A. W., Assistant-Surgeon. Relieved from duty at Chicago, Ill.; ordered to Portland, Oregon. May 9, 1891.

GEDDINGS, H. D., Assistant-Surgeon. To proceed to New York on special duty. May 9, 1891.

BROWN, B. W., Assistant-Surgeon. To report to commanding officer, Revenue Steamer "Rush" on the 14th instant. May 7, 1891.

# BUFFALO LITHIA WATER

IN BRIGHT'S DISEASE, OF THE KIDNEYS, THE GOUTY DIATHESIS, ETC., ETC.

DR. WM. A. HAMMOND, of Washington, D. C., Surgeon-General U. S. Army (retired), Professor of Diseases of the Mind and Nervous System in the University of New York, etc. :

"I have for some time made use of the BUFFALO LITHIA WATER in cases of AFFECTIONS of the NERVOUS SYSTEM, complicated with BRIGHT'S DISEASE OF THE KIDNEYS or with a GOUTY DIATHESIS. *The results have been eminently satisfactory.* Lithia has for many years been a favorite remedy with me in like cases, but the BUFFALO WATER CERTAINLY ACTS BETTER THAN ANY EXTEMPORANEOUS SOLUTION of the LITHIA SALTS, and is, moreover, better borne by the stomach. I also often prescribe it in those cases of CEREBRAL HYPERÆMIA resulting from OVER MENTAL WORK—in which the condition called NERVOUS DYSPEPSIA exists—and generally with MARKED BENEFIT."

HUNTER MCGUIRE, M.D., L.L.D., late Professor of Surgery, Medical College of Virginia, Richmond: In "BUFFALO LITHIA WATER, *Spring No. 2*, as an ALKALINE DIURETIC is invaluable.

URIC ACID GRAVEL, and, indeed, in diseases generally dependent upon a URIC ACID DIATHESIS, it is a remedy of EXTRAORDINARY POTENCY. I have prescribed it in cases of RHEUMATIC GOUT, which had resisted the ordinary remedies, with wonderfully good results. I HAVE USED IT ALSO IN MY OWN CASE, BEING A GREAT SUFFERER FROM THIS MALADY, AND HAVE DERIVED MORE BENEFIT FROM IT THAN FROM ANY OTHER REMEDY."

DR. HENRY M. WILSON, of Baltimore, Ex-President Medical and Chirurgical Faculty of Maryland.

"My experience in the use of the BUFFALO LITHIA WATER has not been large, but it is of such a positive character THAT I DO NOT HESITATE TO EXPRESS MY PREFERENCE FOR IT, AS A DIURETIC IN URINARY CALCULI, OVER ALL OTHER WATERS THAT I HAVE EVER USED."

Water, in Cases of One Dozen Half-gallon Bottles, \$5.00, f. o. b. here.

**THOMAS F. COODE, Proprietor, Buffalo Lithia Springs, Va.**



## CH. MARCHAND'S PEROXIDE OF HYDROGEN, (MEDICINAL) $H_2O_2$ (ABSOLUTELY HARMLESS.)

Is rapidly growing in favor with the medical profession. It is the most powerful antiseptic known, almost tasteless, and odorless. Can be taken internally or applied externally with perfect safety. Its curative properties are positive, and its strength and purity can always be relied upon. This remedy is not a Nostrum.

A REMEDY FOR

DIPHTHERIA; CROUP; SORE THROAT, AND ALL INFLAMMATORY DISEASES OF THE THROAT.

### OPINION OF THE PROFESSION.

Dr. Geo. B. Hope, Surgeon Metropolitan Throat Hospital, Professor Diseases of Throat, University of Vermont, writes in an article headed "Some Clinical Features of Diphtheria, and the treatment by Peroxide of Hydrogen" (*N.Y. Medical Record*, October 13, 1888). Extract:

"... On account of their poisonous or irritant nature the active germicides have a utility limited particularly to surface or open wound applications, and their free use in reaching diphtheritic formations in the mouth or throat, particularly in children, is, unfortunately, not within the range of systematic treatment. In Peroxide of Hydrogen, however, it is confidently believed will be found, if not a specific, at least the most efficient topical agent in destroying the contagious element and limiting the spread of its formation, and at the same time a remedy which may be employed in the most thorough manner without dread of producing any vicious constitutional effect."

"In all the cases treated (at the Metropolitan Throat Hospital), a fresh, standard Marchand preparation of fifteen volumes was that on which the experience of the writer has been based."

Dr. E. R. Squibb, of Brooklyn, writes as follows in an article headed "On the Medical Uses of Hydrogen Peroxide" (*Gaillard's Medical Journal*, March, 1889, p. 367), read before the Kings County Medical Association, February 5, 1889:

"Throughout the discussion upon diphtheria very little has been said of the use of the Peroxide of Hydrogen, or hydrogen dioxide; yet it is perhaps the most powerful of all disinfectants and antiseptics, acting both chemically and mechanically upon all excretions

and secretions, so as to thoroughly change their character and reactions instantly. The few physicians who have used it in such diseases as diphtheria, scarlatina, smallpox, and upon all diseased surfaces, whether of skin or mucous membrane, have uniformly spoken well of it so far as this writer knows, and perhaps the reason why it is not more used is that it is so little known and its nature and action so little understood."

"Now, if diphtheria be at first a local disease, and be auto-infectious; that is, if it be propagated to the general organism by a contagious virus located about the tonsils, and if this virus be, as it really is, an albuminoid substance, it may and will be destroyed by this agent upon a sufficient and a sufficiently repeated contact."

"A child's nostrils, pharynx and mouth may be flooded every two or three hours, or oftener, from a proper spray apparatus with a two volume solution without force, and with very little discomfort; and any solution which finds its way into the larynx or stomach is beneficial rather than harmful, and thus the effect of corrosive sublimate is obtained without its risks or dangers."

Further on Dr. Squibb mentions that CHARLES MARCHAND is one of the oldest and best makers of Peroxide of Hydrogen, and one who supplies it to all parts of the country.

**CAUTION.**—By specifying in your prescriptions "Ch. Marchand's Peroxide of Hydrogen (Medicinal)," which is sold only in ¼-lb., ½-lb., and 1-lb. bottles, bearing my label and signature, you will never be imposed upon. Never sold in bulk. PREPARED ONLY BY

*Charles Marchand*

A book containing full explanations concerning the therapeutical applications of both CH. MARCHAND'S PEROXIDE OF HYDROGEN (Medicinal) and GLYCOZONE, with opinions of the profession, will be mailed to physicians free of charge on application.

☞ Mention this publication.

SOLD BY LEADING DRUGGISTS.

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France).

Laboratory, 10 West Fourth Street, New York.

## Notes and Items.

**LACTATED FOOD** reappears in the advertising pages of the medical journals, after a long absence. We trust our readers will give it the welcome it merits.

**ELECTRICITY IN DENTISTRY.**—Some of our foreign contemporaries are just learning that electricity has been found useful in extracting teeth. The plan pursued is to give the patient an electric shock at the moment the tooth is pulled. This is a very old idea. A patent was granted to W. G. Oliver, in 1859, for producing local anæsthesia in any part of the body, upon which a surgical operation was to be performed, by passing a current from an induction coil through the part. Several patents were granted about the same time, to Dr. Francis, of Philadelphia, and others, involving a similar application during a dental operation. Of late years, Drs. Eisenhart, of York, Pa., and Smith and Kimble, of Peoria, Ill., have revived the subject. Dr. Eisenhart's method is to pass the current through the arms and body of the patient during extraction; the effects of the current are not particularly disagreeable. From the testimony of a large number of patients, it appears that there is insensibility to the pain usually present in extraction.—*Elect. Review.*

**THE DREAD OF SEASICKNESS.**—Hundreds of women—and men, too, for that matter—who intend going abroad this coming summer, dread the possibility of being seasick. Every precaution ever thought of, printed or told, is borne in mind, and many women go on board ship with a quantity of so-called "remedies," enough to kill ten ordinary persons. The simple fact is that no malady is so little understood by the doctors as seasickness, and no matter what they may recommend to quiet the fears of intending voyagers, there is no such thing as a remedy. Is there any cause for uneasiness in this? Not a particle. There is nothing in the world so productive of good results as seasickness. True, it is unpleasant, but so is any good medicine. If women would anticipate seasickness less, they would be more comfortable. A good dose of seasickness is the best internal Turkish bath imaginable. You may feel as if you are going to die, but depend upon it you will not. As a rule, two days is the limit, and then it is over, and never will you feel so well.

—*Ladies' Home Journal.*

## WATCHES

AN inquiry for a cheap but really reliable watch, for the use of physicians, has resulted in the following

## SPECIAL OFFERS

1. An American Movement: stem-winder and setter, nickel case . . . . . \$5.00  
With Times and Register . . . . . 7.00
2. A similar watch, with better movement: Elgin or Waltham; nickel case, stem-winder and setter, \$8.00  
With Times and Register . . . . . 10.00
3. An American Movement: stem-winder and setter; nickel case; sweep second hand . . . . . \$9.00  
With Times and Register . . . . . 11.00

This is the best value we can give.

The sweep-second is of great value, as the pulse can be taken so much more easily than with the ordinary small second hand.

These are all open-face. The movements are so good that the purchaser will be surprised at receiving so good an article for so little money.

If any of them prove unsatisfactory, will take them back and refund the money within a reasonable time.

THE MEDICAL PRESS COMPANY, LIMITED,

SUBSCRIPTION DEPARTMENT,

1725 Arch St., Phila., Pa.

## GARDNER'S SYRUP OF HYDRIODIC ACID.

(HYDROGEN IODIDE.)

INTRODUCED IN 1878.

THIS is the original preparation of Syrup of Hydriodic Acid, first brought to the attention of the medical world in 1878 by R. W. Gardner, the use of which has established the reputation of Hydriodic Acid as a remedy.

Numerous imitations, prepared in a different manner, and not of the same strength, and from which the same therapeutic effects cannot be obtained, are sold and substituted where this Syrup is ordered.

Physicians are cautioned against this fraud.

The seventh edition of Gardner's pamphlet, issued in October, 1889, containing seventy pages of matter devoted to this preparation, its origin, chemical characteristics, indications, doses and details of treatment, will be forwarded to any physician upon application free of charge.

## GARDNER'S CHEMICALLY PURE SYRUPS OF HYPOPHOSPHITES.

Embracing the separate Syrups of Lime, of Soda, of Potassa, of Manganese, and an Elixir of the Quinia Salt; enabling Physicians to accurately follow Dr. Churchill's methods, by which thousands of authenticated cases of Phthisis have been cured. The only salts, however, used by Dr. Churchill in Phthisis, are those of Lime, of Soda and of Quinia, and always separately, according to indication, NEVER COMBINED.

The reason for the use of single Salts is because of antagonistic action of the different bases, injurious and pathological action of Iron, Potassa, Manganese, etc., in this disease.

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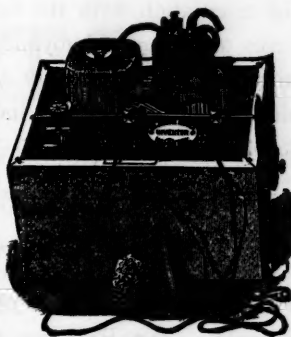
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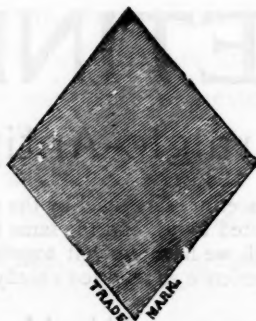
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